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TB CARE I

TB CARE I - Indonesia

**Year 3
Quarterly Report
April - June 2013**

July 30, 2013

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Abbreviations

ACDA	Advance Course of DOTS Acceleration
ACSM	Advocacy, Community and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
APA	Annual Plan of Activity
ART	Anti Retroviral Therapy
ATM	AIDS, Tuberculosis, Malaria
ATS	American Thoracic Society
BBLK	
	Balai Besar Laboratorium Kesehatan (Grand Office of Health Laboratory)
BLK	Balai Laboratorium Kesehatan (Office of Health Laboratory)
BPOM	Badan Pengawas Obat dan Makanan (Food and Drug Administration)
BPPM	
	Bina Pelayanan Penunjang Medik (Medical Laboratory Support Services)
BPPSDM	See BPSDM
BPSDM	Badan Pengembangan Sumber Daya Manusia (Human Resource Development Unit)
BSC	Biological Safety Cabinet
BUK	Bina Upaya Kesehatan (Directorate of Medical Services)
C/DST	Culture/Drug Sensitivity Test
CCM	Country Coordinating Mechanism
CDR	Case Detection Rate
CPT	Cotrimoxazole Prevention Therapy
DHO	District Health Office
Ditjenpas	
	Direktorat Jenderal Pemasyarakatan (Directorate of Correctional Services)
DIY	Daerah Istimewa Yogyakarta (Yogyakarta Special Region)
DKI	Daerah Khusus Ibukota (Capital Region)
DOTS	Direct Observed Treatment - Short Course
DRS	Drug Resistance Surveillance
EQA	External Quality Assurance
EQAS	EQA System
e-TBM	e-TB Manager
EXPAND-TB	Expanding Access to New Diagnostics for TB
FHI360	Family Health International 360
FLD	First Line Drug
FM	Faculty of Medicine
GDF	Global Drug Facility
GF	Global Fund
HCW	Health Care Worker
HDL	Hospital DOTS Linkage
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HRD	Human Resource Department
IAI	Ikatan Apoteker Indonesia (Indonesian Pharmacists Association)
IC	Infection Control
IDAI	Ikatan Dokter Anak Indonesia (Indonesian Pediatricians Association)
IEC	Information, Education, and Communication
IMA	Indonesian Medical Association
IPT	Isoniazide Prevention Therapy
IUATLD	International Union Against Tuberculosis and Lung Disease
JATA	Japan Anti Tuberculosis Association
Kanwil Kumham	Law and Human Right Health Office
KARS	Komite Akreditasi Rumah Sakit (National Committee of Hospital Accreditation)
LQAS	Lot Quality Assurance Sampling System
M&E	Monitoring and evaluation
MDR	Multi Drug Resistant

MIFA	Management Information for Action
MO	Medical Officer
MoH	Ministry of Health
MoLHR	Ministry of Law and Human Rights
MoT	Modification Tracker
MoU	Memorandum of Understanding
MSH	Management of Science for Health
MTB	Mycobacterium tuberculosis
MTB/RIF	Mycobacterium tuberculosis/Rifampicin resistant
NAD	Nangroe Aceh Darussalam
NAP	National AIDS Program
NGO	Non-governmental Organization
NPO	National Program Officer
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OJT	On the Job Training
OR	Operational Research
PAPDI	Persatuan Ahli Penyakit Dalam Indonesia (Indonesian Internists Association)
PC	Personal Computer
PCA	Patient Centered Approach
PHO	Provincial Health Office
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PMU	Project Management Office
PPM	Public Private Mix
PPTI	Perkumpulan Pemberantasan Tuberkulosis Indonesia (Indonesian Tuberculosis Elimination Association)
PtD	People to Deliver
Pusdatin	Pusat Data dan Informasi (Center of Data and Information Ministry of Health)
Puskesmas	Pusat Kesehatan Masyarakat (Public Health Center)
QA	Quality Assurance
QUOTE TB	Quality of Care as seen through the Eyes of the Patient
RAN	Rencana Aksi Nasional (National Action Plan)
RR	Recording and Reporting
RS	Rumah Sakit (Hospital)
SEARO	South East Asia Regional Office
SIKDA	Sistem Informasi Kesehatan Daerah (Regional Health Information System)
SITT	Sistem Informasi Tuberkulosis Terpadu (Integrated Tuberculosis
SLD	Second Line Drug
SOP	Standard Operating Procedure
SRL	Supranational Reference Laboratory
SSF	Single Stream Funding
TA	Technical Assistance
TB	Tuberculosis
TOR	Term of Reference
TORG	Tuberculosis Operational Research Group
ToT	Training of Trainer
TWG	Technical Working Group
UGM	Universitas Gadjah Mada
UI	University of Indonesia
USAID	U.S. Agency for International Development
WHO	World Health Organization

Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI360, JATA, MSH, The
Date Report Sent	30 July 2013
From	Jan Voskens
To	USAID/Jakarta
Reporting Period	April - June 2013

Technical Areas	% Completion
1. Universal and Early Access	64%
2. Laboratories	74%
3. Infection Control	54%
4. PMDT	48%
5. TB/HIV	60%
6. Health Systems Strengthening	52%
7. M&E, OR and Surveillance	46%
8. Drug supply and management	63%
Overall work plan completion	58%

Most Significant Achievements

PMDT Expansion

The PMDT expansion was accelerated with intensive support from TB CARE I. At central level, the expansion progress included the update and the endorsement of National PMDT guidelines with Ministerial Decree. Nineteen new PMDT sites were trained with GF funding, facilitated by TB CARE I consultants. A total of 10 PMDT treatment centers, 3 sub treatment centers and 385 satellites have been established at 11 provinces so far. This resulted in a significant increase in number of MDR-TB patients enrolled, while 435 patients were enrolled for MDR-TB treatment during the period Jan-June 2013, period almost similar in number with Jan-Dec 2012 period. Among the new sites, a PMDT treatment center was established in Papua. The new site in Papua will support increased access for patients in remote area's.

GeneXpert implementation

All 17 GeneXpert machines procured with TB CARE I support have been installed and sputum examination is currently ongoing at those 17 Laboratories. In this quarter 1348 cartridges have been used for screening of 1308 suspects using Xpert. Among them, 822 were MDR-TB suspects and 486 were HIV patients suspects. 257 Rif-resistant cases were detected (245 were from MDR-TB suspects, 12 were from HIV-TB suspects). The Rif-resistant cases detected during the first semester of 2013 is even 28% higher than those detected in all of 2012.

DST Lab

During this quarter, 9 laboratories received panel test for DST in 2012. Five laboratories passed the EQA activity for first and second line DST. For the first time in Indonesia two laboratories achieved 100% for all drugs except streptomycin.

Assistance in financial management issue

Technical assistance to Indonesia CCM was provided to advise on the improvement of financial management by contracting a financial expert. Within 6 weeks, the contracted expert delivered a comprehensive plan for strengthening financial management of GF PR and SRs.

National TB Prevalence Survey

TB CARE I provided successful assistance to NTP for the National TB Prevalence Survey (NTPS) laboratory procurement for 26 items of equipments and consumables which was concluded in 4 months.

NTPS was officially launched on April 14th. The field work and data collection for 8 clusters have been completed. The process and progress of NTPS are closely monitored by Global Task Force on TB prevalence survey through Dr. Ikushi and team. TB CARE I consultants provided technical assistance to prepare the data management system, including the IT systems. A designated full time data management staff for NTPS joined in May 2013.

Initial Phase of IPT Rolling Out

Rolling out of initial phase of Isoniazid Preventive Therapy (IPT) for People Living with HIV (PLHIV) in Indonesia has been successfully implemented with assistance from TB CARE I. Regarding the enrolled patients the following can be reported: 281 PLHIV were screened for IPT eligibility, 216 (77%) were found eligible of which 11 patients refused to receive IPT. This resulted in a total number of 205 patients who were put on IPT (95%). By the end of May 2013, 167 (81%) patients have completed the 6-month regimen, 24 (12%) defaulted, 2 died, 7 stopped because of side effects and 4 stopped for other reasons. Only one patient developed TB during IPT (after 3 months of IPT). TB CARE I will continue to provide support to NTP and NAP in scaling up IPT to all provinces in the coming year.

Integrated supervision team

In total 16 integrated supervision teams were established in 6 TB CARE I provinces. Each team consists of a representative from related stakeholders, i.e. medical services unit at DHO, wasor, professional associations (IDI/medical, PDPI/pulmonologist, PAPDI/internist, IAI/pharmacist, Patelki/lab analyst).

During this quarter, the 16 teams have conducted 25 integrated supervisions to 25 hospitals. The involvement of the stakeholders, especially from professional associations, increased the effectiveness of supervision. This is shown by the involvement of other units at hospital to TB services. The supervision will be regularly documented to get lessons learned that will be used for the development of national guidelines and SOP.

Private providers involvement in TB program

TB CARE I is supporting and assisting the NTP in the TB case notifications from various care providers such as hospitals, private practitioners, workplaces, and prisons. From October 2012 - June 2013, the hospitals (public and private), workplaces, private practitioners, and prisons have contributed the notifications of 29,996 (29%) out of 114,515 cases in TB CARE I areas.

Intensive assistance was also provided to 56 pulmonologists in 56 private hospitals. This resulted in 2,438 patients were identified during October 2010 - December 2011. Among the number, 52% were notified through the professional association (PDPI). Success rate was 59%. Of the smear positive patients, 20% defaulted.

Change in TB CARE I management and coalition structure

As per 15 April 2013, Dr Jan Voskens started working as TB CARE I Country Project Director in Indonesia, replacing Dr Salim Hamid. With the support from KNCV HQ, several changes were made to improve management- and coalition structure of the project in country such as redefinition of the role and mandate of the TB CARE I Senior Management Team (SMT) to provide strategic leadership, reestablishment of technical area teams with a broader role and intensified coordination, establishment of provincial teams to create a bottom up information flow to the technical area teams and the SMT and establishment of a core group for the process of planning.

Progress of APA4 planning

The APA4 planning started with defining 4 priority technical areas, i.e. Universal Access and Coverage, PMDT, Laboratory, and TB-HIV collaboration. The process applied a bottom-up planning approach. The planning tools were agreed upon by technical and provincial teams of all partners involved. During series of workshops in the provinces, provincial work plans were developed. All provincial plans were merged with national plan and agreed in the final planning workshop. During the whole process, the complementarity of the work plan to the NTP GF logical framework was taken into account. Currently the work plan and budget are being finalized.

Overall work plan implementation

The overall implementation of APA3 work plan is behind the schedule. 58% of activity completion was reported. Some activities were cancelled due to priority change and conflicting agenda with the NTP.

Technical challenges

1. Implementation of HIV Sentinel Surveillance among TB patients was delayed due to the conflicting agenda of NTP. TB CARE I has supported NTP and NAP to develop the protocol of sentinel surveillance. The final consensus meeting was organized. However, the inputs from the invited Indonesian experts guided the two programs toward "ad hoc, cross sectional surveys" instead. The ad-hoc surveys will cost a lot and is not appropriate at the time when NTP and NAP are going to commence HIV Test and Treat among TB patients and pregnant women in 75 districts.
2. The WHO revised TB case definitions and a reporting framework was released during the quarter and it is obligatory that every country reports following it. Therefore, there is need to modify existing paper-based R&R, SITT and e-TB manager to meet this requirement. However, since the SITT phase 2 was just launched, the modification is planned in 2014 and TB CARE I will provide close assistance to smoothen this process.
3. External linkage between hospitals, PHC, and health offices needs to be improved, specifically in tracing defaulters and transferred cases to determine treatment outcome.
4. The project approaches pulmonologist in private hospitals, but not every hospital management has the same commitment to implement DOTS strategy, especially in assigning its personnel to manage TB recording and reporting. The hospital accreditation program has contributed significantly, however the implementation remains a challenge. Without close support and regular monitoring and evaluation, the private pulmonologists will not have adequate human resource capacity for surveillance of their activities.
5. Although PMDT expansion did speed up during this quarter, more intensive technical assistance is needed to encourage PMDT implementation in West Sumatera, Riau, Riau islands, Babel, Lampung, Sultra, Maluku and Gorontalo provinces and the expansion process in 11 other provinces trained during the quarter.
6. Irregular and incomplete Xpert report from the sites, makes it difficult to analyze the data. One of the sites has not reported since April 2013 due to the unavailability of reporting staff.
7. The capacity of C/DST laboratory needs to be enhanced to meet the increasing demands the expansion of PMDT implementation.

Quarterly Activity Plan Report

1. Universal and Early		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
1.1.1	Development of the branding system	KNCV	10.637	Cancelled	Sep	2013	The activity is cancelled (MoT on May 2013)
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2.1	Planning meetings for PPM team in district level to strengthen the coordination among stakeholders.	KNCV	8.808	25%	Sep	2013	Each established PPM team will conduct several meetings to develop plan of action in improving PPM initiatives at district level. During this quarter, all PPM teams that has been established within this quarter (see 1.2.2), has developed their plan of action.
1.2.2	Establishing PPM team in selected district level to conduct local PPM assessments	KNCV	11.701	25%	Sep	2013	Nine PPM teams were established in 5 provinces (West Sumatera, West Java, DIY, East Java and South Sulawesi) during this quarter. Up to June 2013 in total 16 PPM teams have been established. During the establishment process, PPM assessments were also conducted in each district to mapping gap and available resources.
1.2.3	Development of TB Medical Standard (SPK)	KNCV	27.527	90%	May	2013	Final revision and editing still on-going during this month. It is expected that will be finalized in Q4. The draft of this standard has been presented during National TB M&E 2013 meeting in Bali.
1.2.4	Technical coordination meeting	KNCV	8.450	50%	Sep	2013	Technical coordination meeting for PPM TO has been conducted. The aim of the meeting is to evaluate PPM strategy and approach at field level. Among others, the meeting successfully resulted mechanism to obtain data on success referral rate at hospital and draft SOP for integrated supervision.
1.2.5	Technical assistance for PPM implementation	KNCV	114.415	75%	Sep	2013	Support is being delivered by PPM S/TO at provincial and national level. In this quarter, technical assistance was provided to 121 hospitals in 92 districts (in 10 TB CARE I provinces). The assistance focuses on HDL assessment, internal and external linkages and on the job training for various issues.
1.2.6	Develop monitoring system for health care facilities and accredited hospitals	KNCV	1.500	100%	Feb	2013	Specific accreditation checklist instrument for TB has been endorsed by National Committee for Hospital Accreditation (KARS) after piloting in 7 hospitals in DKI Jakarta and West Java. These activities was funded by GF, TB CARE I provided technical assistance.

1.2.7	Supervision and backstopping from PPM STO in RO to PPM TO in provinces	KNCV	14.919	25%	Sep	2013	PPM STO conducted 6 supervision and backstopping visit to 3 provinces in this quarter (DKI Jakarta, DIY and West Java). Backstopping visit mainly focused on assisting TO PPM at provincial level in assisting with the establishment and planning of PPM team at district level.
1.2.8	Review hospitals' DOTS performance	KNCV	6.042	25%	Sep	2013	DOTS performance reviews were conducted in 11 hospitals in 4 TB CARE I supported provinces during this quarter. This activity aimed to maintain and improve implementation of DOTS in the hospitals through a regular review mechanism.
1.2.9	Develop quick reference material for clinician (diagnostic & treatment SOP and job aids) in line with national TB guideline and ISTC	WHO	5.198	50%	Mar	2013	Technical assistance have been provided to NTP and BUK for the development of PNPk (National Guideline of Medical Service for Tuberculosis), PNPk document is complete and ready for dissemination. TA also provided for review of National TB Guideline, the status is not complete yet. After both documents are complete, WHO will assist NTP to draft the quick reference material for clinician. The timeline for completion: September 2013.
1.2.10	Revision of DOTS managerial guidelines book in hospital and endorsement through a decree by Director General	KNCV	2.000	0%	Jun	2013	Activity postponed to July 2013
1.2.11	Printing of DOTS managerial guidelines book	KNCV	8.776	0%	Sep	2013	Will be conducted in Q4 after the revision completed (see 1.2.10)
		FHI360	16.906	100%	Dec	2012	Advocacy visits were conducted to 5 new TB CARE supported prisons: Medan Detention center, Medan Female prison, Sukabumi prison, Sragen prison and Malang Female prison. This activity was done by visiting each prisons and involving Directorate of Correction, NTP, Provincial offices of MoLHR and Prov/District Health office from 20 Nov – 1 Dec 2012. The objective was to have strong commitment from leaders and all staff in 5 new prisons to implement the TB-HIV collaboration program. From the visit, all leaders from 5 prisons expressed their support and commitment for TB and HIV activities. Next steps are to maintain commitment at all levels, to assist prisons/DCs to develop one year plans for TB-HIV activities, training/workshop for TB-HIV collaboration including PITC and related record/report, provincial office of MoLHR to monitor the activities, PHO/DHO will support for implementation of TB-HIV.

1.2.13	Workshop for new prisons health staffs: TB/HIV Collaboration, PITC, RR, TB microscopy and HIV lab	FHI360	28.801	100%	Dec	2012	The workshop was held in Bandung on 18 – 22 Dec 2012 with 13 participants (F: 6, M:7). PITC, TB-HIV management and record/report were trained to the health staff from 5 new supported prisons (Medan Detention center, Medan Female prison, Sukabumi prison, Sragen prison and Malang Female prison. collaborate with Directorate of correction, NTP and NAP). The objectives of this workshop is provide related skills for TB-HIV management. After training, TB CARE I will provide on site mentoring to assist prisons in conducting TB-HIV activities.
1.2.14	Regular meetings to advocate issues related with service delivery in national and provincial level	FHI360	3.855	85%	Sep	2013	Two meetings in Jakarta (14 Dec 2012 and 12 Jan 2013) with Directorate of Correction institution (Ditjenpas) were held to formalize technical arrangement of TB in prison program that is supported by TB CARE. This legal document was proposed by Ditjenpas to have a legal foundation for collaboration between Ditjenpas and TB CARE I. The document is finalized and will be signed by Director of Correction Institution. In Q2, a coordination meeting focusing on TB-HIV service delivery in Nusakambangan prisons and preparation of Sragen prison to be the PMDT satellite was conducted with Central Java Provincial office of Law and Human Rights as one integrated prison service will be established in Nusakambangan Prison. While in Q3, TB-HIV supervision tools for prisons and TB-IC self assessment were prepared for supervision for 8 prisons, together with MoLHR and MoH.
1.2.15	TA for TB and TB-HIV in prisons:	FHI360	16.723	75%	Sep	2013	TB CARE staff visited 11 prisons and 3 detention centers in 5 provinces (DKI Jakarta, West Java, Central Java, North Sumatra, East Java) and provided technical assistance on site. Technical assistance varied from support for the preparation of TB mass screening, to increasing awareness in detecting MDR suspects, to strengthening management for referral of suspected MDR cases. The need to increase the laboratory capacity of Pengayoman hospital in terms of number of samples from prisons they can handle was discussed, and advocacy to Pengayoman hospital was provided as the follow up.

1.2.16	Supporting TB/HIV implementation in the prisons	FHI360	43.443	75%	Sep	2013	<p>During Q3, TBCARE I facilitated various trainings and education sessions in prisons and detention centers; on the job training on TB DOTS for Pondok Bambu Detention center (8 staffs, F = 8), education/training on TB and TB-HIV respectively for inmate volunteers (12 participants) at Pekalongan prison, and Surakarta prison staffs (25 participants).</p> <p>TB CARE I supported TB mass screenings at Pondok Bambu, Salemba and Medan detention centers, and Medan Women prison. Collectively, 6208 inmates were screened, 329 TB suspects were identified, 7 inmates were AFB positive and treated, and 42 suspected cases are awaiting sputum microscopy results.</p>
1.2.17	Supervision from Ditjenpas to low performance prisons/detention centers (5) to improve engagement and ownership	FHI360	12.482	100%	Sep	2013	<p>TB CARE I has supported MoLHR to conduct supervision to prisons and detention centers for TB and HIV collaborative activities program and for TB infection Control for prison settings in June 2013. Supervision conducted with collaboration between Correction DG from MoLHR, NTP and NAP from MoH, Provincial Office of MoLHR together with Provincial and District Health Office. Assistance was provided to 6 prisons and 2 detention centers in 4 provinces, i.e North Sumatera (Class I Medan Prison, Class IIA Women Medan Prison), West Java (Class IIA Bogor Prison, Class IIA Cibinong Prison), DKI Jakarta (Class I Central Jakarta Detention Center, Class IIA Pondok Bambu Detention Center) and East Java (Class IIA Women Malang Prison, Class I Malang Prison).</p> <p>Technical assistance on PMDT for prisons who have MDR TB suspects were also provided. Each supervision team provided feed back; regular supervision will continue for improvement of program.</p>
1.2.18	Sub-agreement with Partisan (NGO)	FHI360	20.692	75%	Sep	2013	<p>During this quarter, Partisan facilitated several activities to support TB/HIV implementation in prisons and detention centers in Jakarta. Support groups for TB and HIV were held in Salemba, Cipinang, Cipinang Narcotics Prisons and Cipinang DC; trainings for tappings in Cipinang DC (Males, 20 tappings) and Cipinang prison (Males, 19 tappings) were held; and they supported the pre/post release of 10 inmates (Cipinang DC), 7 (Cipinang Prison), and 3 (Salemba Prison).</p>
1.2.19	Establishing integrated supervision team for PPM in district level	KNCV	5.696	100%	Sep	2013	<p>16 integrated supervision teams were established in 6 TB CARE I provinces. Each team consists of representative from related stakeholders, i.e.medical services unit at DHO, wasor, professional associations (IDI/medical, PDPI/pulmonologist, PAPDI/internist, IAI/pharmacist, Patelki/lab analyst).</p>

1.2.20	Integrated supervision	KNCV	21.445	100%	Sep	2013	During this quarter, the 16 teams have conducted 25 integrated supervision to 25 hospitals. The involvement of the stakeholders, especially from professional association, increased the effectiveness of supervision. This is shown by the involvement of other unit at hospital to TB services. The supervision will be regularly documented to get lesson learned that will be used in the development of national guidelines and SOP.
1.2.21	Quarterly visit by National HDL supervisors to assist hospitals deliver quality services in 3 low performing provinces	WHO	7.499	50%	Sep	2013	Supervision in South Sumatra (4 district hospitals and 1 private hospital namely Sekayu, Banyu Asin, Kayu Agung, Prabumulih and M. Rabain) has been implemented in 27-28 February by National and Provincial HDL team. Supervision in Banten has been conducted in 21-22 March 2013. 3 district Hospitals (Haji Dharma Lebak, Serang and South Tangerang) in Banten were supervised. Second visit are planned on 15-18 July (for Banten) and 26-28 August (for South Sumatera).
1.2.22	TA to 5 low performance provinces and districts from WHO country office	WHO	23.391	75%	Sep	2013	TA has been provided for NTT, NTB, Riau Island and North Maluku. TA for Central Kalimantan has planned for Q4 period (24-26 July). Some provinces such as Riau Island, NTT and NTB showing improvement in case detection, however it still far beyond NTP target. The GF performance rating for these low performance rating are improved, only NTB still on B2 rating where other provinces achieve B1 targets.
1.2.23	Update pediatric TB guidelines	WHO	20.963		Sep	2013	During JEMM 2013, Farhana and other JEMM members review the updated Pediatric guideline, this guideline is ready for dissemination, therefore there is no need for further external TA. However WHO country team will review and ensure that this guideline is as per latest WHO recommendation.
1.2.24	Workshop on management of pediatric TB	WHO	11.340	25%	Sep	2013	Technical support from WHO staff has been provided to update the current pediatric TB guideline. Two development workshops which involved IDAI respiratory working group were conducted in November 2012 and March 2013, funded by GF. The final workshop with TB CARE funding support will be conducted in Q4 (2nd week of September)
1.2.25	International travel of WHO CO staff	WHO	28.250	100%	Sep	2013	MO TB had been invited to attend "Accelerating scale up of MDR TB treatment at TB CARE countries", held at Bethesda, Maryland in 4-5 March 2013. MO TB also attend STAG/TB TEAM/RA Meeting held in Geneva, 10-14 June. MO TB also participated in PMDT regional meeting SEARO, held in Bangkok, 25-27 June 2013.
1.2.26	External linkage meeting in provincial level	KNCV	6.467	0%	Sep	2013	Since this activity is shared between TB CARE I and GF, it is agreed that the TB CARE I part will be assigned for Q4

1.2.27	External linkage meeting at cluster basis in provincial	KNCV	14.041	100%	Sep	2013	In this quarter, 12 external linkage meetings at cluster basis in East Java, Central Java, West Sumatera and South Sumatera were conducted.
1.2.28	External linkage meeting in district level	KNCV	11.701	100%	Sep	2013	During this quarter, 11 external linkage meetings were conducted in 4 TB CARE I supported provinces (West Java and Central Java). The meeting aimed to improve TB networking at district level among related stakeholders.
1.2.29	Develop SOP to engage private practitioners to treat and notify TB	ATS	13.084	90%	Mar	2013	Text completed. Translation underway.
1.2.30	Train private practitioners and nurses who treat TB patients to implement ISTC (including TB notification)	ATS	21.624	0%	Jun	2013	No activity conducted during the quarter
1.2.31	Train nurses (working under private practitioners) on recording and reporting/ notification using PDPI module	ATS	29.430	100%	Jun	2013	Training of nurses held on 27 March 2013 with 40 participants (1 male, 39 females) consisting of nurses from private provider practices within hospitals. Another training of nurses was held on 25-26 June 2013 with 20 participants (3 males, 17 females) consisting of nurses working under cohort 4 pulmonologists. The training included refresher training for underperforming nurses. This training was based on the NTP training modules for HDL (condensed and customized for private hospital setting).
1.2.32	Revising checklist for private practitioners mapping and recruitment (to improve selection of private practitioners by IDI for ISTC implementation)	ATS	1.944	100%	Mar	2013	Checklist completed and included in SOP (see activity 1.2.29)
1.2.33	Workshop for private pulmonologists involved under PDPI for ISTC implementation	ATS	10.664	100%	Mar	2013	A 2-day training was conducted for 11 previously untrained pulmonologists (6 females, 5 males) and previously trained pulmonologists (3 females, 6 males) from private hospitals in DKI Jakarta and Tangerang.

1.2.34	Continue engaging private pulmonologists (PDPI) for implementation of ISTC	ATS	13.312	0%	Sep	2013	Cohort 4 recruitment consists of 20 new practices and 11 new pulmonologists. Five hospitals had no previous engagement with the project. Fifteen hospitals have graduated engagement and reporting of cases to PDPI and Health Office. PDPI reports data from recruited pulmonologists only, so that data from one hospital become completely captured once all pulmonologists are recruited in the project. A draft plan for the content and format of a monthly bulletin to fill in gaps in nurses' performance, as well as a scoring plan and reward scheme for well performing nurses have been developed.
1.2.35	M&E meeting for private practitioners involved under IDI for implementation of ISTC	ATS	21.892	0%	Sep	2013	Planned in Q4
1.2.36	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (central level)	ATS	29.836	100%	Mar	2013	An M&E meeting was held at in Jakarta 6 February. There were 56 private providers representing 56 private practices (hospitals) in the project attending including 16 from hospital management. The meeting reviewed data from Oct 2010 - Dec 2011. A total of 2,438 patients were identified and 52% were notified to the NTP. The success rate was 59%. Of the smear positive patients, 20% defaulted. Topics discussed included the need to improve transfer patient tracing to ascertain treatment outcome and the need for more lab training in Tangerang and Bekasi including emphasis on monitoring smears and on sputum production in patients.
1.2.37	M&E meeting with pulmonologists involved under PDPI for implementation of ISTC (district level)	ATS	54.160	0%	Sep	2013	Activity is delayed to Q4
1.2.38	DOTS strategy socialization to communities in 10 selected districts in 6 provinces	KNCV	7.127	100%	Jun	2013	DOTS strategy socialization to communities organization was conducted in 2 district in West Sumatera. The aim of the socialization is to get involvement from community organization to support TB program. The result from this activity is an action plan of the involvement of member of community organization to TB program especially in case finding and adherence of the patients.

1.2.39	TA to advocate with existing local NGOs through provincial/district health offices to expand community based DOTS	WHO	3.599	75%	Sep	2013	TAs have been provided in West, East Nusa Tenggara with local CSO (Aisyiyah - November 2012 in West Nusa Tenggara and Aisyiyah and Perdhaki - March 2013 in East Nusa Tenggara). TA also provided in Riau Island (May 2013) and North Maluku (June 2013) by building capacity of local TB team to engage local NGO, professional organization, hospital association and workplace to support TB control program. Time line for completion: July 2013 (Central Kalimantan)
1.2.40	TA to build capacity of district and health centers TB staff to conduct contact tracing	WHO	2.878	50%	Sep	2013	The implementation activities will be supported by GF, TB CARE I only provided TA. TA provided to NTP to develop National guideline for TB contract tracing. Status: 50% complete. Timeline for completion: July 2013.
1.2.41	Development of guidance and SOP for integrated supervision	KNCV	5.999	100%	Jun	2013	Guidance for integrated supervision has been developed, and as request from NTP, in this stage, TB CARE I conducted a test in assisted district that has already established PPM team.
				64%			

2. Laboratories		Activity Leader	Approved Budget	Cumulative Completion	Planned Month Year		Cumulative Progress and Deliverables up-to-date
Activity #	Activity						
2.1.1	Update National guidelines for EQA for TB microscopy adopting LQAS	JATA	52.231	80%	Sept	2013	The draft of National Guideline for EQA TB microscopy adopting LQAS has been finalized, printing preparation has already been done (quotes from printing company including design and prices). Soon after approved by Minister of Health the draft will be printed and distributed to all provinces.
2.1.2	Introduce National guidelines for EQA to 4 TB CARE supported provinces	JATA	58.527	50%	Sept	2013	EQA -LQAS workshop already done in North Sumatera and South Sulawesi the budget from Global fund (Global Fund budget need accelerated absorption). TB CARE I provided technical assistance in North Sumatra Workshop. EQA-LQAS will be implemented in Papua starting in Q 4 2013
2.1.3	Obtain information on EQA activities from all provinces (updated from October 2012)	JATA	7.309	100%	Sept	2013	All of goods items are available.

2.1.4	Assist East Java province to introduce LQAS EQA system to 38 districts	JATA	132.523	90%	Sept	2013	EQA-LQAS in East Java is being implemented. Slide boxes are provided for 38 districts/municipals. Field officer has already been contracted until the end of TB CARE Y4 based on East Java PHO requirement and approved by BPPM . Supervision on sampling preparation was conducted by Field Officer to 9 health facilities in 4 districts (targeted 38 districts). Supervision from central to Province has been done once (targeted 2 times).
2.1.5	Introduce computerized system on EQA to reduce workload	JATA	44.546	Cancelled			This activity is cancelled due to take over by NTP Nationally. The budget will be transferred to 2.1.2 to implement of EQA LQAS in Papua.
2.1.6	Evaluation of panel testing/EQAS of TB HIV, West Java and East Java	FHI360	11.187	75%	Sep	2013	Evaluation of EQAS was conducted in Surabaya, November 23, attended by Provincial Health Laboratory, Provincial Health Office and TB CARE. The meeting objective was to discuss the result of TB and HIV panel testing sent in July 2012 to 48 facilities in East Java and to develop a follow up plan. The dissemination of first cycle results to the DHOs and facilities was done, and the second cycle of East Java EQAS was completed. The results of the second cycle have been sent at the end of June. The PHO advised that the referral laboratory should receive mentoring. The third cycle was postponed because of a problem with the centrifuge and will be done in July. The evaluation of EQAS in West Java was conducted on 6-7 Feb. Seven out of 19 facilities passed the HIV panel test. This meeting objective was to raise the issue of how important it is to maintain quality HIV testing and participants reviewed the method used. TB CARE I advocated for routine monitoring and follow up of the quality of HIV testing. Panel testing / EQAS of TB-HIV in West Java for the first cycle was done. Total participants included 20 Labs (1 Lab was dropped due to expired reagent). 6 Labs had good results, 12 poor and 1 was not evaluated. Less than 30 % of labs conducted test strategy. The second cycle will start after Lebaran. 50 Labs are planned but will be checked for overlap with GF program. Panel test was not ready because Western Blot panel test was not yet finished by RSCM.
2.1.7	BLK Bandung to provide AFB microscopy panel to all Provincial laboratories	KNCV	5.531	100%	Jan	2013	All 20 sets (2000 slides) of AFB microscopy panel test already made complete by BLK Bandung as National TB Reference Lab for microscopy and sent to the following Labs: RUS Bangka Belitung, RUS Kepri, RUS Gorontalo, RUS North Maluku, RUS West Papua, RUS West Sulawesi, BLK Kupang, BLK Jayapura, BLK Semarang, BBLK Surabaya, BLK Ambon, BP4 Ambon, Adam Malik Hospital, BLK Palangkaraya, BLK Palu, RS Pasar Rebo and 3 lab RUS 1 (first crosschecker) in Yogyakarta province.

2.1.8	Support laboratory renovation	KNCV	485.396	75%	Sep	2013	Electricity consultant was conducting site visit to BBLK Palembang on 9 April 2013 to review electricity up grading work. Result: complies with the specification and tender documents. Renovation of culture DST lab at BBLK Surabaya (phase 1) is well advance. Up to end of June 2013, the progress already achieved 37.8%.
2.1.9	Support critical equipment to Microbiology-UI	KNCV	31.911	75%	Jun	2013	Deep freezer already arrived in the country and will be sent to Microbiology UI by Supplier (ITS Science Indonesia) on 3 July 2013. Quotation for Epicenter has been sent to supplier (PT Anugrah Argon Medika) on 30 May 2013. Purchase order is in progress.
2.1.10	Operational cost for 1 times TB Lab Working Group meeting	KNCV	8.374	100%	Jun	2013	TB Lab Working group meeting was conducted on 28-31 May 2013 in Jakarta. Participants: NTP, BPPM, TB Lab working Group member Result: 1. SOP for TB spesimen transfer (how to package and sent out the specimen) 2. SOP for receiving TB specimen. 3.Video scenario for TB specimen transfer. 4. Video scenario for receiving TB specimen. 5. Time line of video making for transfer and receiving TB specimen. 6. Specification of material for transfer and receiving TB specimen 7. Updating SOP for preparation of AFB panel test.
2.1.11	Support the National Prevalence Survey (NPS) in laboratory readiness	KNCV	276.270	100%	Sep	2013	All 26 items of Equipments and consumables for supporting TB National Prevalence Survey were procured and sent to respective laboratories.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2.1	Technical Assistance to NTP, BPPM and Referral labs	KNCV	10.914	75%	Sep	2013	During this quarter, TB CARE I provide technical assistance to NTP, BPPM in following activities: <ul style="list-style-type: none"> - Dissemination of LQAS during Provincial TB Monev Meeting in Palu, Central Sulawesi. - Supervision of TB Microscopy Network in West Sulawesi - Development of Post TB Training Evaluation tool - Supervision of TB Microscopy Network in Central Kalimantan - Revising and up dating of TB Program Training Moduls to meet PPSPDM standard - Supervision of TB Microscopy Network in DIY - Supervision to TB Sentinel Surveillance in West Java - LQAS Workshop in Central Kalimantan - Finalization of SITT for TB 12 electronic - Monitoring and evaluation meeting of TB Sentinel surveillance

2.2.2	Technical Officer for Laboratory for BPPM	KNCV	2.872	75%	Sep	2013	Interview of TO Lab for BPPM have been done on 30 June 2013. The new TO Lab is expected can start work in mid of July 2013.
2.2.3	Maintenance, calibration, and repair of BSCs (Biological Safety Cabinet)	KNCV	31.380	100%	Mar	2013	BSC maintenance and calibration have been done on 16 -25 January 2013 at the following labs: 1. BBLK Surabaya: 3 BSCs 2. Microbiology UI: 2 BSCs 3. RS Persahabatan: 2 BSCs 4. BLK Bandung: 2 BSCs 5. Microbiology UGM: 2 BSCs 6. BLK Jayapura: 2 BSCs. Result: 11 out of 13 BSCs passed and 2 failed (1 BSC at Persahabatan hospital and 1 BSC at Microbiology UGM). BSC at Persahabatan hospital failed due to both insufficient downflow and inflow. NSF engineer recommend to replace HEPA. BSC at Microbiology UGM failed due to inflow not enough and need to increase exhaust airflow. Replacement of HEPA Filter for 1 BSC at BBLK Surabaya was successfully done and this BSC passed for certification/calibration as well.
2.2.4	Provide TA and EQA panel test for culture DST	KNCV	23.934	100%	Sep	2013	EQA panel test report for culture/DST for 9 Labs have been submitted by Supranational Reference Lab (SRL), IMVS Adelaide on 24 May 2013. Result: - All following 5 laboratories passed the EQA activity for first line and Second line DST. For the first time happen in Indonesia that BBLK Surabaya achieved 100% and BLK Bandung achieved 100% for all drugs except STR (Streptomycin). 1. BBLK Surabaya 2. Microbiology UI 3. RS Persahabatan 4. BLK Bandung 5. NHCR Makassar - The following 4 labs received 20 EQA isolates for first line DST 1. RS Adam Malik Medan: passed the EQA for all first Line anti TB drugs. 2. BLK Semarang: passed the EQA for rifampicin and isoniazid. 3. Microbiology UGM Yogyakarta: Not passed. 4. BLK Jayapura: Not passed. Although UGM and BLK Jayapura did not pass, technically very close to doing so
2.2.5	Begin training of C&DST NRL to prepare, conduct, and report on EQA panel tests for FL- and SL-DST	KNCV	4.911	0%	Sep	2013	Will be conducted in Q4

2.2.6	International TA by Richard Lumb, a lab consultant from Supranational TB Reference Lab, IMVS, Adelaide.	KNCV	123.916	75%	Sep	2013	Richard Lumb and lab team provided TA 10 labs: BBLK Surabaya, RS M. Jamil Padang, BLK Padang, Microbiology FMUI, BLK Bandung, BLK Samarinda, RS Adam Malik, BBLK Palembang, BLK Banjarmasin and RS Sanglah Bali. Issues found and resolved at the TA were cartridge insufficiency, functionality of BSCs, turnaround time for DST results, suspect sample/isolate referral system, relocation of TB C/DST laboratory in West Sumatra, renovation plans, workloads, working safety, EQA results and retesting. Next visit planned in 2-25 September 2013.
2.2.7	Training of C&DST NRL in the conduct of laboratory assessments for developing C±DST	KNCV	7.419	75%	Sep	2013	As part of capacity building for NRL, 2 BBLK Surabaya staffs joined lab visit with SRL/Richard Lumb during 12-25 June 2013. - M. Taufiq joined visit to BLK Samarinda and BBLK Palembang - Dr Koesprijani joined visit to BLK Banjarmasin and RS Sanglah Bali
2.2.8	International TA for GeneXpert implementation	KNCV	98.928	75%	Sep	2013	Last visit by Sanne van Kampen was conducted on 19 March - 5 April 2013. Result/conclusion in summary report: - 16 out of 17 GeneXpert machines procured by TB CARE I are installed and staff on-site is trained on Xpert operation and national guidelines. The GeneXpert trainings have been very successful. - In general, Xpert test numbers in all sites are still low (around 50 tests/machine/month) - There is an urgent need for a more systematic approach to troubleshooting, maintenance and logistics related to Xpert. - Xpert data collection and analysis by the TORG from the 5 initial sites will be completed in June 2013. Next visit is planned on 9-27 September 2013.
2.2.9	Key Stakeholders to review a Discussion Paper prepared by SRL as the basis for preparing a National Strategic Plan that links the NRL's to Provincial, public/private hospital, other government laboratories providing TB diagnostic services to the Indonesian people	KNCV	15.954	0%	Sep	2013	This activity will be done in Q4

2.2.10	Technical assistance from WHO Country Office	WHO	6.165	75%	Sep	2013	WHO staff participate and provide TA at GeneXpert evaluation meeting. This side meeting was arranged by KNCV during National TB Monev meeting at Yogya in 4th week of Jan 2013, TA also been provided together with Dr. Ranjani in the development of supporting documents of the Ministerial Decree on National Referral TB Laboratory, number 1909/ MENKES/ SK/ IX/ 2011 (19-23 November 2012 in Jakarta and Surabaya). TA also provided in laboratory aspect preparation to support NTPS. WHO staff also provided East Java PHO for preparation Soetomo as Provincial referral laboratories to replace BBLK Surabaya.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3.1	GeneXpert Site assessment visit	KNCV	21.827	0%	Sep	2013	All 17 GeneXpert machines have been installed. Therefore this activity no longer is necessary and is being proposed to cancel. Whenever the MOT approved, the budget will be moved to activity 2.2.1.
2.3.2	GeneXpert on site training, installation and first running	KNCV	52.558	100%	Sep	2013	The last of GeneXpert sites, RS Cilacap were trained and followed by installation of GeneXpert machine on 01-02 May 2013. Participants were of Lab technicians, Lab supervisors, clinicians, staff from 7 prisons at Nusa Kambangan island, Provincial and district Health Staff (26 participants, 10 females)
2.3.3	Support GeneXpert operational cost	KNCV	17.551	75%	Sep	2013	GeneXpert operational cost for Microbiology UI has been paid on 18 April 2013 while for other sites will submit their invoice to TB CARE I in Q4.
2.3.4	GeneXpert Supervision/Monitoring	KNCV	7.591	75%	Sep	2013	Last supervision/monitoring visit done together with Sanne van Kampen on 19 March - 5 April 2013 (please see 2.2.8). Next supervision /monitoring visit is planned on 9-27 September 2013.
2.3.5	GeneXpert Coordination meeting	KNCV	14.190	100%	Sep	2013	Additional GeneXpert coordination meeting will be held on 27-30 August 2013. All 17 GeneXpert sites will be invited with following objectives: - Review GeneXpert implementation, discuss lesson learn from sites, challenges and how to solve it. - Review reporting and recording system - Update about new logistic system - Validation of GeneXpert data.

2.3.6	GeneXpert recalibration	KNCV	9.573	75%	Sep	2013	<ul style="list-style-type: none"> - Calibration kit was ordered and ready to use for recalibration process. - All required GeneXpert data/file have been sent to Cepheid for review <p>PT Fajar Mas Murni as GeneXpert local service provider is waiting for green light/approval from Cepheid to start calibration process for 5 following GeneXpert sites:</p> <ol style="list-style-type: none"> 1. Microbiology UI 2. RS Persahabatan, 3. RS Moewardi Solo 4. RS Soetomo Surabaya 5. RS Hasan Sadikin Bandung
2.3.7	Supporting GeneXpert implementation	FHI360	11.054	75%	Sep	2013	<ul style="list-style-type: none"> - In order to follow up request from NTP to fill cartridges gap for GeneXpert training and expansion, TB CARE I ordered 2500 cartridges on 3 December 2012. Those cartridges already arrived in country on 25 January 2013 and are started to be distributed to all GeneXpert sites in February 2013. TB CARE I assisted in the GeneXpert installment preparation in Pengayoman hospital in 18 January 2013. - TB CARE I facilitated the discussion for the SOP for sputum referral of TB suspects among HIV patients from those prisons/DC (April 18) in Pengayoman hospital, attended prisons from Jakarta, Bogor and Tangerang. Evaluation meeting will be held next quarter to evaluate the referral process and results. - GeneXpert at RSUD Cilacap was already used by Nusakambangan and Greater of Banyumas sites. Mid of May 13, GeneXpert was socialization for internal hospital and early June 2013 socialization to all sites in Cilacap areas (Banyumas Greater). 3 HIV patients from prisons, all not detected for TB. 3 TB-HIV patients from Hospital, 1 MTB Rif Sensitive, 2 not detected. For PMDT patients, 8 suspects, from Hospital, 2 MTB - Rif Sensitive, 3 not detected, 3 MTB - Rif Resistant.
2.3.8	TA for TB and TB-HIV lab in TB CARE supported sites and GeneXpert.	FHI360	10.833	50%	Sep	2013	The TA for GeneXpert operation in the prisons was provided by TB CARE lab team.
2.3.9	Procurement of GeneXpert cartridges	KNCV	62.654	100%	Sep	2013	In order to follow up request from NTP to fill cartridges gap for GeneXpert training and expansion, TB CARE I ordered 2500 cartridges on 3 December 2012, which arrived in country in January 2013.
				74%			

3. Infection Control		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	

3.1.1	Support NTP to develop policy, regulation for IC in health care facilities	KNCV	7.731	100%	Mar	2013	TB IC manual for health care facilities was finalized in this quarter. This manual will be a basis for advocacy to Directorate of Medical Care for further policy development. 1,000 copies also printed and distributed by MoH. The next printing will be used MoH fund and will be widely distributed to provinces.
3.1.2	Incorporate TB IC policy in hospital accreditation system	KNCV	4.579	30%	Sep	2013	On going process for advocacy, the specific meeting with National Committee for Hospital Accreditation (KARS) will be conducted in Q4 and to utilize also the TB IC manual as a reference for incorporation of TB IC policy in hospital accreditation system.
3.1.3	Develop TB IC SOP in 6 selected PMDT sites	KNCV	8.233	0%	Sep	2013	Will be conducted Q4
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2.1	In-house training for TB-IC staff	KNCV	64.717	25%	Sep	2013	During Q1, in house trainings were conducted in 3 provinces (DKI Jakarta, Central Java, and East Java). In DKI, the training was held in Persahabatan hospital for 10 HCWs (2 male, 8 female) involving 3 hospitals namely: RSUD Tarakan, RSUD Cengkareng and RS Fatmawati. Follow up visit by facilitator to each hospital will be conducted in Q2 to assist TB IC team at hospital in doing assessment and planning for TB IC improvement. In Central Java, the training was divided into 2 groups: 1) Health Centre: for 5 health centres, attended by 21 HCWs (9 male, 12 female) 2) Hospital: RS Paru Aryo Wirawan Salatiga, Local Government Hospital with 36 participants (19 male, 17 female). In East Java, the training was held in Soedono hospital with a total of 39 HCW participants (14 male, 25 female).
3.2.2	TA to assist new PMDT treatment centers to develop SOP and implement it	WHO	3.670	75%	Sep	2013	During Q2 WHO and NTP focus on the preparation of JEMM activities and GF grant renewal. However, remote technical assistance to new PMDT hospital to meet TB IC standards through environment control have been provided for West Sumatera and Babel provinces. Direct TA provided in Q3 were Babel (May 2013), Riau (June 2013). In Q4 direct TA will be provided for Riau Islands, Banten and Papua. TA also provided to assist NTP to review renovation proposal from provinces.
3.2.3	TA for development of TB IC Plan in all PMDT/ TB HIV sites	FHI360	10.292	75%	Sep	2013	This quarter, TB CARE I assisted Pekalongan, Semarang and Sragen Prisons, Central Java and Salemba, Cipinang, Cipinang Narcotic prisons and Pondok Bambu and Salemba DC to develop SOPs for TB-IC in accordance with the generic SOP that was developed by TB CARE I last quarter. Next quarter, SOPs will be finalized, and more prisons will have SOPs on file.

3.2.4	Procurement and supply masks and respirators to all PMDT/ TB HIV sites	FHI360	5.617	75%	Mar	2013	Order was placed, however the respirators were not in stock, thus will be available in the coming months.
				54%			

4. PMDT		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
4.1.1	Post Self assessment meeting to analyze local strength, weakness, commitment and sites selection	WHO	17.470	25%	Sep	2013	No activity conducted in Q3. However, NTP has developed plan for post self assessment meeting with TB CARE I assistance. The first meeting for 6 provinces (Maluku, West Nusa Tenggara, South East Sulawesi, Central Kalimantan, West Kalimantan and Gorontalo) will be supported by Global Fund and will be conducted in first week of April. The second meeting for 7 provinces (Central Sulawesi, East Nusa Tenggara, North Maluku, West Papua, Jambi and Bengkulu) will be conducted in 4th week of August and will be supported by TB CARE I.
4.1.2	TA to develop local specific plan for PMDT expansion at provincial level in new areas	WHO	16.374	50%	Jun	2013	TA has been provided to review the progress of PMDT implementation plan in NAD (3-6 Oct 2012). Field visit to support provincial health office to develop PMDT plan: East Java (March 2013), West Java (May and June 2013), Babel (June 2013). Plan for Q4: Central Kalimantan and Central Java (July 2013), NTB(August 2013), Papua (Sept 2013)
4.1.3	Meeting at central level to synchronize new provincial plan with national expansion plan	WHO	25.549	25%	Jan	2013	NTP propose to change the activities, WHO should focus on the finalization and dissemination of the new PMDT long term plan at strategic provinces such as East Java (July 2013), West Java and Central Java (Sep 2013). Follow up discussion with these 3 provinces have been made during National Money meeting at Bali.
4.1.4	Training for PMDT sites	KNCV	55.409	100%	Des	2012	As part of PMDT expansion plan, 7 new provinces (NAD, West Sumatra, South Sumatra, Banten, South Kalimantan, South Sulawesi and West Sularwsi) were trained for PMDT in 2 batches. In total 65 participants attended the trainings in East and Central Java. Each province was represented by the hospital (pulmonologist/internist, nurses) and Health Office (PHO, DHO) and will act as the provincial PMDT team in their corresponding province.
4.1.5	Advocacy meeting	KNCV	24.040	Cancelled	May	2013	This activity is cancelled. MoT May 2013.

4.1.6	PMDT M&E meeting twice a year at central level, involving NTP, PHO, hospital management and clinical expert team	WHO	47.234	0%	Sep	2013	Will be implemented in Q4. Timeline agreed with NTP: 4th week of August 2013/ 1st week of September.
4.1.7	PMDT M&E meeting twice a year at provincial level, involving NTP, PHO, hospital management and clinical expert team	KNCV	38.816	30%	Sep	2013	During this quarter, PMDT evaluation meeting has been conducted for 3 PMDT referral site in 2 provinces (DKI Jakarta and East Java). This activity mainly focus to evaluate screening of suspect and patient decentralization to satellites and data validation between referral hospital, laboratory, DHO/PHO and satellites. The monitoring and evaluation meetings were attended by representative from: referral hospitals, satellites, PHO/DHO, laboratory, pharmacist, and other related stakeholders.
4.1.8	External TA to review national PMDT guidelines	WHO	20.799	0%	Jun	2013	Combined with activity no 4.1.11, WHO has propose an external consultant capable to conduct both activities to NTP. Timeline August-Sep 2013.
4.1.9	Regular meeting between National PMDT clinical expert team with panel expert HIV working group MOH	WHO	7.499	0%	Jun	2013	Will be implemented in Q4.
4.1.10	Development of clinical audit documents and to establish national clinical auditors team.	WHO	15.309	0%	Jun	2013	Will be implemented in Q4.
4.1.11	Capacity building for national team on clinical audit including to conduct on the job training for national clinical auditors.	WHO	25.133	0%	Jun	2013	Will be implemented in Q4.
4.1.12	Regular clinical audit by national clinical audit team to ensure the quality of PMDT services.	WHO	12.346	0%	Sep	2013	Will be implemented in Q4.
4.1.13	Develop guidance/standard to conduct micro training for rapid PMDT expansion in satellites setting	WHO	10.979	0%	Jun	2013	Will be implemented in 3rd week of September 2013.

4.1.14	Workshop to review and revise PMDT training material	WHO	16.041	0%	Jun	2013	Combined with activity no 4.1.13
4.1.15	Incorporate PMDT components into the regular TB training curriculum	WHO	10.978	0%	Jun	2013	Combined with activity no 4.1.13
4.1.19	Technical assistance from WHO Country Office	WHO	16.374	75%	Sept	2013	Site visit to PMDT sites: Persahabatan hospital 12 Oct, Moewardi hospital 18-19 Oct, Sutomo and Saiful Anwar hospital: 23-25 Oct, Labuang Baji hospital 11-14 Nov. The visits were conducted by WHO, NTP focal point on PMDT and other TB CARE partners. TAs were also provided for PMDT counselling training organized by FHI360 (Bandung, 4-8 March 2013). Second round visits to PMDT hospitals have been conducted in Sutomo and Saiful Anwar (April 2013), Moewardi hospital (May 2013), Hasan Sadikin (May and June 2013).
4.1.20	Coordination meeting between selected ART hospital/lung clinic with PMDT sites	FHI360	13.280	75%	Sep	2013	TB CARE facilitated Tarakan (ART hospital), Jakarta, to establish a network with Persahabatan hospital. Network for sputum referral of TB suspects among HIV patients and for referral of TB-HIV patients to PMDT unit at Persahabatan is needed. Discussion on the SOPs for referral were held, and next step is to finalize and monitor the implementation. Furthermore, TB CARE I provided technical inputs on the SOPs for cross-referral of TB-HIV patients to PMDT clinic and MDR patients for HIV testing at Hasan Sadikin Hospital, and facilitated its finalization. The visit to Labuang Baji hospital was made. TB-HIV linkage with PMDT has been orientated and the SOPs from Persahabatan hospital were shared.
4.1.21	Prepare Health Center for PMDT service: Micro Training (On Job Training)	KNCV	24.487	75%	Sep	2013	In this quarter, on the job training for 63 PMDT satellites were conducted in 7 TB CARE I supported provinces as part of patients' decentralization to the nearest health center. This on the job training reached out 824 health workers as participant (277/M and 547/F). During this quarter, 133 patients were decentralized to satellite HCs. Up to June 2013, in total 303 out of 705 patients (43%) are continuing treatment at satellites health center.

4.1.22	Specimen referral mechanism: training, logistics, specimen transport cost	KNCV	30.161	75%	Sep	2013	During this quarter, TB CARE I supported specimen referral mechanism for 185 suspects in East Java, Central Java, Yogyakarta, and South Sulawesi. All the specimen were received in good condition at the lab and examined by GeneXpert. This mechanism has been expanded to 2 other provinces during this quarter. Slow expansion of this mechanism could be due to lack of clear guidance on the packaging and transferring sputum specimen. However, lab team has been finalized the SOP for sputum specimen transfer and it is expected that will be ready in early Q4 (including video documentation).
4.1.23	Sub referral hospital development (starting kit) : advocacy meeting, socialization, renovation, training, SOPs Development	KNCV	43.902	75%	Sep	2013	In this quarter, 2 sub-referral hospitals have been established and operational in Central Java (RS Karjadi Semarang and RSUD Cilacap). TB CARE supported the establishment of the sub-referral with several activities, i.e. advocacy meeting, socialization and also training for hospitals and DHO. Local contribution also received in both sites, mainly on the provision of MDR TB clinic. In East Java, process of establishment sub-referral hospital also being started. several activities were supported by TB CARE in this quarter, training was conducted and supported by GF. It is expected that this sub-referral hospital will be operationalized in Q4.
4.1.24	Monthly supervision to PMDT treatment centers or satellites	KNCV	85.299	50%	Sep	2013	To ensure quality of services at satellite health centres, joint supervision was conducted by PMDT TOs at provincial level together with PHO/DHO staff. The visit aimed to look at the service provided, drug stock maintenance, also report and data validation. During Q3, 63 health centres in 6 TB CARE I supported provinces (North Sumatera, DKI, West Java, Central Java, East Java and South Sulawesi) were visited.
4.1.25	Treatment support (follow-up patient under MDR treatment, side effect management, sputum handling and transportation, decentralized to HC, logistic transport, dormitory and patient gathering)	KNCV	74.386	50%	Sep	2013	Treatment support is delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). As of the end of Q2, in total there are still 53 patients eligible and receiving this support. TB CARE I also supported cost for decentralization of 128 patients in 7 TB CARE I supported provinces. The supports were provided for transportation cost for handed-over patients' document and also for drug delivery cost from referral sites to satellites.

4.1.26	Workshop for finalization of MDR SOP in the prison setting	FHI360	7.011	100%	Mar	2013	The document name was changed by NTP and Ditjenpas from MDR SOP into Guideline for MDR Management in the Prison Settings. TB CARE I provided extensive support on drafting the document and supported the finalization of the document in two meetings involving NTP, Ditjenpas, Pengayoman hospital, on 4 and 17 January 2013.
4.1.27	Workshop to familiarize prisons with MDR SOP for prison	FHI360	43.578	100%	Mar	2013	Workshop to introduce the guideline for MDR management in the prison setting (see activity 4.1.26) was held in Cirebon, 4-5 February 2013. Thirty three prisons from 6 provinces (DKI Jakarta, West Java, Central Java, East Java, North Sumatra, Banten) were invited with 50 participants (23 males, 27 females). During the workshop, identification of MDR suspects, SOP for sending sputum, record/report were trained by facilitators from TB CARE I. Next step is to provide TA to assure prisons identify MDR suspect and refer sputum to PMDT sites.
4.1.28	Coordination meeting among PMDT satellites prisons and PMDT sites: Persahabatan, RSSA, RSHS, Moewardi, and Adam Malik	FHI360	6.992	75%	Sep	2013	After facilitating coordination between prisons and PMDT centers in Jakarta and North Sumatra last quarter, this quarter, TB CARE facilitated coordination between Lowokwaru prison and Syaiful Anwar hospital, April 10. Coordination was aimed to strengthen the referral system between prison and PMDT center for management of MDR suspects and patients.
4.1.29	Coordination meeting between GeneXpert center in prison (Pengayoman and Cilacap) with PMDT hospitals, and/or culture and DST referral laboratory	FHI360	3.427	75%	Sep	2013	Coordination meetings between Pengayoman and Persahabatan, and between Cilacap and Moewardi were conducted this quarter. The coordination was to strengthen the referral system for culture and DST after GeneXpert exam. Technical details on the management of the referral and informing results were discussed. Preliminary meeting among Moewardi and RSUD Cilacap was conducted during TB-MDR socialization. The Start-up of Gene-Xpert began in mid of May 2013. TB-MDR clinic at RSUD opened in June 2013 and treated 1 patient of TB-MDR.
4.1.30	Supporting MDR diagnostic and treatment in the prison	FHI360	37.600	75%	Sep	2013	TB CARE I facilitated on the job training for Lowokwaru prison. Syaiful Anwar hospital served as main facilitators and trainers. Participants were trained in all aspects of MDR management, from detection of suspects, diagnosis, treatment, logistics, PMDT related record/report and TB IC. Lowokwaru prison has prepared one room dedicated for MDR patients with support from TB CARE and PHO/DHO. No MDR patients were detected yet.

4.1.31	Workshop/ meetings among high ranking officials/ decision makers of central level and provincial level on PMDT.	WHO	24.948	0%	Sep	2013	Will be implemented in 13 August 2013
4.1.32	Training for MDR counseling	FHI360	55.895	100%	Mar	2013	Two MDR Counselling trainings using the GF budget were held by NTP in Surabaya and Makassar with TB CARE I serving as trainers. Total participants in both trainings were 9 M, 11 F, from Malang (8 including prison), Surabaya (8), and Makassar (4). In Makassar (21 participants): 2 M and 19 F. As the previous training, the trainings preceded by training of expert patient trainer/EPT in Surabaya (10 males, 5 females), which are converted/cured MDR patients. In Makassar: 8 M, 4 F. NTP considered this very important and requested further assistance from TB CARE to train more PMDT centers.
4.1.33	Patient gathering	KNCV	11.156	75%	Sep	2013	Psychosocial supports were provided to MDR TB patients, patients gathering is one of regular activity conducted. This activity aims to gather MDR TB patients and deliver IEC material related to MDR TB. Various materials were provided, i.e. refreshing about infection control, side effect from SLDs, sharing experience from cured patients, etc. In some sites also involving professional in hypnotherapy and also psychologist in order to motivate patients in treatment adherence. During this quarter, 11 sessions were conducted in PMDT sites and involving 636 participants (patients, patient's family, ex-patients and also HCWs).
4.1.34	Dormitory / shelter	KNCV	55.526	75%	Sep	2013	Dormitory/shelter support were provided mainly for MDR TB patients who need temporary shelter while awaiting decentralization process to the satellite health center. In this quarter, TB CARE I provided shelter for 47 patients at 5 PMDT sites in 4 supported provinces. Length of stay of MDR TB patients at dormitory was various between 4 days up to maximum 6 months, and in average 34 days.
4.1.35	Transport support	KNCV	8.820	75%	Sep	2013	This support was provided by social workers or PMDT TO trace default patients. Priority for default tracing is to utilize the existing system in Government, however in some cases DHO usually requested assistance from social workers and/or PMDT TO if they found difficulties in dealing with default patients. During this quarter, 73 visit were supported and as result: 68 patients continue the treatment and 5 patients refused to continue the treatment.
4.1.36	Individual counseling	KNCV	804	Cancelled	Sep	2013	MoT May 2013

4.1.37	Treatment support	KNCV	94.777	75%	Sep	2013	Enabler and side effect management support are delivered to MDR TB patients enrolled before 1 January 2012 in 5 PMDT sites (2 sites in East Java and 1 site each in Central Java, DKI, and South Sulawesi). Up to end of Q2, in total there are still 53 patients eligible for this support in those sites. During this quarter, among those eligible patients, there was no hospitalized needed due to side effects.
4.1.38	Infection control support	KNCV	151.401	50%	Sep	2013	TB CARE I supported infection control for PMDT sites by procuring N95 respirator and fit-test equipment as requested by NTP in Q1. More procurement will be done in Q4.
4.1.39	Renovation of selected health centers (PUSKESMAS) in East Jakarta and Surabaya, and renovation of treatment centers	KNCV	86.592	80%	Sep	2013	Renovation support for 4 PMDT sites provided, up to end this quarter renovation for Adam Malik hospital (Medan), Hasan Sadikin (Bandung) and Sanglah Hospital (Bali) have been completed, and for Sardjito hospital (DIY) still in the tender process. Delay for the Sardjito hospitals in DIY due to revision of the design as proposed by hospital management. It is expected that the work will be completed on Q4.
4.1.40	Develop national and local capacity to provide ongoing support and development for e-TBM for all existing and new MDR-TB sites in Indonesia	MSH	62.312	50%	Sep	2013	Support provided for all existing sites using e-TB manager. System's incorporation by treatment sites staff can be demonstrated through regular data entry in the platform. Infrastructure investments were done to ensure all required items for the system's use at the primary level.
4.1.41	Provide technical support to all involved GoI stakeholders in developing and implementing a fully electronic system, including a dashboard and indicators, for both MDR-TB patient & SLD data management in Indonesia	MSH	37.658	50%	Sep	2013	PMDT paper-based monthly reports are being sent from NTP to MSH for data completeness comparison among paper-based and eTB manager-generated reports. Reports were developed in e-TB manager with the same template as paper-based reports facilitating this way the comparison between both. This activity will be fully implemented in Q4.
4.1.42	e-TB Manager implementation in 7 PMDT sites	KNCV	49.322	40%	Sep	2013	On the job training was conducted at Hasan Sadikin hospital in West Java Province (6 total participants; F:6, M: 0) on 15-17 April 2013. Participants were representative from PHO, MDR Clinic, pharmacist dept, and BLK Bandung

4.1.43	Field visits to oversee e-TB Manager implementation to 7 PMDT sites	KNCV	9.769	75%	Sep	2013	TB CARE (WHO and KNCV) conducted field visit to 7 PMDT sites implementing e-TBM during April-May 2013 in collaboration with NTP. The purpose of the field visit was to address the optimization of electronic RR using e-TBM by decreasing the use of paper based report (TB06) in 2 hospitals as pilot (Moewardi and Saiful Anwar hospital) and to strengthen the e-TBM users. The tool for the activity was developed previously in Persahabatan hospital by NTP and partners. Some bugs were identified during field visit but the challenge came up with the resignation of e-TBM programmer from NTP (Oculy Silaban) by August 2013. The recruitment process was already taken in place by NTP with assistance from the partners.
4.1.44	M&E and e-TBM data validation meeting	KNCV	33.984	0%	Sep	2013	Planned in Q4 after Eid Mubarak (mid of August 2013)
				48%			

5. TB/HIV		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
5.1.1	TA to NTP on TB-HIV/MDR TB-HIV collaborative activities	WHO	7.919	25%	Sep	2013	TA has been provided together with FHI360, NTP and NAP to disseminate new TB HIV clinical guidelines and new TB HIV surveillance system.
5.1.2	Coordination meeting for TB-HIV in district, province, and national level	FHI360	69.960	75%	Sep	2013	This quarter, TB CARE advocated to improve TB-HIV collaborative activities during provincial/district coordination meetings held by North Sumatra, East Java and West Java PHOs, and Biak, Timika, Manokwari DHOs. The meetings were usually co-funded by the Global Fund, TB CARE and Provincial Budget. All parties presented their TB-HIV collaborative activities in the province/district, source of funding for activities were identified together and ensured that there is no overlap, and was followed by developing annual provincial and district joint plans.
5.1.3	Mentoring of MDR TB-HIV clinics	WHO	8.282	50%	Sep	2013	Mentoring for MDR TB HIV clinics are provided by WHO and other TB CARE partners at 3 hospitals, Sanglah (Sept 2012), Persahabatan (Feb 2013) and Hasan Sadikin (May 2013).
5.1.4	Regular mentoring in IPT sites	FHI360	8.564	100%	Sep	2013	On site mentoring for IPT was delivered to doctors/nurses and data officers at RSHS, RSCM and RSP. The focus of the mentoring was to ensure that all patients completing IPT regimen were checked to determine whether they develop TB or not (by symptoms and chest x-ray) and to ensure the IPT quality data.

5.1.5	TA for evaluation of IPT result and publication	FHI360	2.093	75%	Sep	2013	<p>TB CARE I prepared the IPT report and supported NTP to present the report at a meeting to evaluate IPT results. The results of IPT from 4 hospitals:</p> <p>205 participants were provided with IPT, of those:</p> <ul style="list-style-type: none"> - 167 (81%) completed regimen - 2 (1%) died - 7 (3%) stopped INH because of severe side effects - 24 (12%) defaulted - 1 (0.5%) failed (have TB) - 4 (2%) stopped INH because of other reasons <p>TB CARE will support NTP to finalize the report and conduct further analysis and prepare some abstracts using the available IPT data.</p>
5.1.6	IPT Monev Meeting	FHI360	15.971	50%	Sep	2013	TB CARE with NAP and NTP prepared for the IPT Monev meeting in July. All (4) implementing hospitals will be invited to present challenges and recommendations for further scale up.
5.1.7	Supporting the scaling up of IPT	FHI360	19.589	50%	Sep	2013	More detailed plan for scaling up of IPT was discussed with NTP and NAP. NTP and NAP requested facilitation and assistance for the workshop for IPT trainers and dissemination/training in the provinces. Workshop and training will be conducted in Q4 using the GF budget.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2.1	Facilitate national TB-HIV/ MDR TB-HIV trainings for HIV staff and TB staff	WHO	9.955	0%	Sep	2013	NTP has sent official request to WHO to facilitate 3 batches of National TB HIV TOT at July-August 2013.
5.2.2	Internal coordination meeting in 15 TB CARE supported sites	FHI360	8.954	75%	Sep	2013	TB CARE facilitated internal coordination meetings in RSUD Manokwari, PKM Amban, RSUD Mimika, Timika Kota PKM, Papua and West Papua. Internal coordination between TB and HIV units was generally not a challenge, however, the challenges are more in the external linkages between facilities. For example, many patients did not return to facilities to continue TB treatment after they were referred to the ART clinic. There was also high drop out rates and the hospital staff did not have time to track the patients. TB CARE will work in a collaborative manner to improve the linkage through HDL and PPM strategy.
5.2.3	TB/ HIV Training of Trainers	FHI360	31.423	50%	Sep	2013	This quarter, TB CARE supported NTP to review and revise the module for TB-HIV ToT. Some revisions included: HIV testing for all TB patients, provision of ART for TB-HIV co-infected patients irrespective of their CD4 counts, etc. The training is postponed to July due to conflicting agenda of NTP and NAP.

Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3.1	Supervision to low performance TB-HIV supported sites (5 sites)	FHI360	19.593	50%	Sep	2013	The supervision of low performance sites was done by TB CARE staff at provincial level, but not the joint supervision of NTP, NAP and TB CARE. This will be conducted in Q4.
5.3.2	Technical assistance for TB-HIV collaborative activities	FHI360	107.460	75%	Sep	2013	Various technical assistance activities, including on the job training, on site mentoring and facilitated training, were delivered to 5 hospitals and 21 puskesmas in Riau Islands, DKI Jakarta, East Java, Papua, and West Papua. In Jakarta, TB CARE provided HIV management training to DOTS/PMDT unit. TB CARE will continue to assist and advocate for integrated HIV services at DOTS/PMDT unit in Persahabatan hospital. In Papua, West Papua and Riau Islands, the challenge in increasing HIV testing among TB patients is lack of health staff who are confident in performing PITC. TB CARE I staff provided on the job training, including demonstration of how to perform PITC on sites. In East Java, PITC was widely introduced to more facilities serving TB patients and STI patients.
5.3.3	Sub-agreement with PPTI Baladewa	FHI360	17.005	75%	Sep	2013	Sub-agreement for part 1 ended on May 2013, right now still in process of extending sub-agreement for part 2 until September 2013. For April-May 2013, 570 out of 602 patients who visited clinics were given TB-HIV education. 337 out of 510 TB suspects did not know their HIV status yet. PPTI conducted 173 tests and 12 were reactive. All 12 reactive knew their status.
5.3.4	Printing for TB/HIV guidelines, forms, IEC materials, modules	FHI360	14.232	75%	Sep	2013	All printings were ordered, and waiting for delivery from vendor.
5.3.5	International travel	FHI360	20.667	75%	Sep	2013	TB CARE I planning to have a training on TB-HIV and MDR, also to learn about TB-HIV recording and reporting at WHO training collaboration center, Nonthaburi, Thailand in Q4. TB CARE will invite pulmonologist and internist from Persahabatan and Syaiful Anwar hospital. One of the objective of the training is to advocate for a system of comprehensive and integrated HIV service in DOTS unit. The training will be conducted in August 2013.
				60%			

6. Health Systems		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	

6.1.1	Develop guidelines to improve the allocation of insurance revenues and government budget to TB control	MSH	58.614	0%	Sep	2013	MOH policy discussions are ongoing and NTP will have a clearer picture after the TB Financing Workshop on 17-18 April 2013. The activity will be completed September 2013. Post JEMM, the MOH now plans to pass a law on TB financing over the next few months and TB CARE I will be assisting. Q3. The MOH is organizing this process and TB CARE is waiting to see what its role will be.
6.1.2	Develop examples (written and video) of good insurance schemes specially TB coverage for advocacy	KNCV	12.233	Cancelled	Mar	2013	This activity is cancelled. MoT May 2013.
6.1.3	Continue support to NTP on developing the TB control financing implementation and monitoring progress	MSH	34.807	50%	Sep	2013	Conducted analysis of finance M&E data and carried out data validation exercise. Developed framework for financing roadmap. NTP director presented financing papers at Beijing Health Systems Research Symposium and KL Union conference. Assistance was provided to the NTP in costing and financing to prepare the GF phase 2 request. Q3. Assistance continued - contributing to successful GF proposal.
6.1.4	Use cost information for developing financing mechanisms and improving efficiency	MSH	56.509	75%	Jul	2013	Costing models developed and data being reviewed by MOH in connection with insurance financing strategy. Costing was discussed with Vice-Minister in November and ATM costs were reviewed in a technical meeting in December. Costs were presented to senior MOH and other policy makers and donors in January. Models to be adopted by MOH and taught to task team in July 2013 for roll out. Costing presentation was made to JEMM and at National TB program M&E meeting. Q3. Further presentations were made at the International workshop.
6.1.5	Conduct operations research on ATM financing, including insurance and provide guidance and advocacy to MoH and other stakeholders	MSH	99.767	60%	Sep	2013	OR conducted on TB under insurance in 3 provinces which will serve as pilots for the national social health insurance scheme. The final results will be presented in July 2013 because they need to be amended and aligned with the WHO TB planning and budgeting model and the GF proposal budget. Q3. An international workshop was held in Jakarta in April 2013 and experiences in sustainable financing were exchanged. The OR on insurance was completed in June and the report is being written in July.
6.1.6	ACSM training in TB CARE provinces	KNCV	16.067	0%	Oct	2013	This activity will be cancelled. To be put in the next MoT.

6.1.7	Strengthening patient and community for TB advocacy (PCA Implementation)	KNCV	36.841	95%	Jul	2013	Intervention of Patient Charter Introduction for Patient and HCW were conducted in Cimahi (201-21 June 2013) and Bandung District (26-27 June 2013) involving 13 HCW and 13 patient for each district. Model of intervention is using introduction workshop involving HCWs and patients. The objective of this workshop is to develop action plan/commitment among patients and HCWs on how they will ensure that patient right and responsibility will be applied in their health facilities setting. IEC material (booklet and standing banner) were also developed and distributed to each Puskesmas (1 standing banner and 20 booklet each). Endline data collection conducted between 1-7 Juli 2013 involving 8 enumerator and 2 supervisor. Report is expected to be finalized by end of July.
6.1.8	World TB Day 2013 (community campaign)	KNCV	59.955	100%	Mar	2013	World TB Day has been conducted in collaboration with NTP and appointed Hope International Worldwide as partner. The main activities for WTBD celebration is Run for TB (24 March 2013), held in Monas square attended by around 11,000 people, partners, community-based and faith-based organizations involved in TB control. the event attended by the high level key points such as Minister of Welfare, Vice Minister of health and DKI Jakarta's governor. This is the main event of TB commemoration to generate public awareness and media attention of TB issue. In National Seminar for TB (31 March 2013), TB CARE I took part by participating in the exhibition.
6.1.9	Mentoring of ACSM at selected province	KNCV	2.011	0%	Oct	2013	This activity will be conducted by NTP request (no request during this quarter)
6.1.10	ToT for Leadership and Programme Management training	WHO	30.469	100%	Mar	2013	Implemented 13-20 Jan 2013 in Bandung where 21 participants (11 males, 10 females) from NTP and 6 Provinces (NTT, NTB, Central Java, East Java, Central Kalimantan and Riau Islands) attended the training.
6.1.11	Technical assistance from WHO Country Office	WHO	8.995	75%	Sep	2013	TAs have been provided for TB supervisory tools development and orientation (2-5 Dec '12 in Jakarta), PAL supervision in West Java (Bandung and Majalengka, 4th week Oct - 1st week Nov '12), ToT PAL (Bogor, 2nd week Nov '12), Stop TB Partnership Forum Indonesia (Jakarta, March and June 2013).
6.1.12	TB CARE 1 Consensus Meeting for APA 4	KNCV	16.813	100%	Jun	2013	TB CARE I year 4 planning process has been conducted starting on June 2013. Serial planning workshops in provincial level were conducted in parallel within in a week time. The result from provincial planning and combined with planning at national level were presented and discussed during national planning workshop in end of June. Draft of proposed activities and targets were defined and compiled.

6.1.13	Support to Global Funds Phase 2 renewal process	KNCV	70.000	100%	Mar	2013	TB CARE I has supported CCM Indonesia in the development and submission of the request for renewal of the GF SSF. The work was done in close collaboration with the team of University of Gadjah Mada, Yogyakarta, supported by experts of the TB CARE I. Due to the complexity of the proposal development process, the finalization took more time and effort than anticipated. For phase 2 the focus is on the rapid expansion for PMDT and TB/HIV services based on provincial action plans to solve bottlenecks and expanded roll out of GeneXpert. Other priority areas are strengthening policy and regulations in support of TB control, intensified research, and enhancing engagement of society support organizations. Total of budget proposed is around 67 million dollars.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2.1	Mentoring of TB HR capacity building at selected provincial and district level	WHO	14.130	0%	Sep	2013	Will be conducted in August 2013 by HR teams. Plans and schedules have been sent by NTP to WHO.
6.2.2	External TA for HRD to develop action plan for local capacity building	WHO	32.137	50%	Sep	2013	TA from Karin Bergstrom was delivered 19 Nov- 2 Dec 2012. The purposes: to review the existing training modules for several TB trainings such as: Pediatric TB, TB HIV, TB Laboratory and LQAS. To develop first draft of PMDT training for satellite facilities. During the visit, Ibu Karin met with all related NTP Team and focal point to review the existing practices for training. Results: The training modules analysis on role and responsibilities for pediatric TB, TB-HIV and TB laboratory were developed during the mission and handed over to NTP focal point on HRD for follow up. The draft on training strategy/principles for PMDT satellites were developed. Next step: NTP HRD focal point will follow up the recommendation. NTP will arrange a meeting to review all TB training modules in March 2013. NTP PMDT team will follow the recommendation by arrange a meeting to develop training modules and curricula for PMDT satellites training. Second visit of Ibu Karin are planned for September 2013.
6.2.3	To integrate TB HRD guideline, including requirement for PMDT, TB Lab and TB surveillance.	WHO	10.258	0%	Mar	2013	No activity conducted in Q2, NTP agreed to postpone the activity until Q4/2013 in line with TA plan for TB HRD consultant (Karin Bergstrom). Timeline: second week of September

6.2.4	Capacity building for Provincial Training Coordinator	WHO	38.675	0%	Sep	2013	Will be conducted in 3rd/ 4th week of August 2013.
6.2.5	Development and publication of document on HRD in Indonesia for international experience sharing (in two languages, Bahasa Indonesia and English)	WHO	7.088	Cancelled	Sep	2013	Cancelled by NTP
6.2.6	ACDA Training	KNCV	38.663	100%	Dec	2012	ACDA training was conducted and followed by 26 participants from 22 provinces (8 males, 17 females). Tjos training conducted in 3 phases. First phase was conducted in APA2, 2nd phase was workfield on October-November 2012, and 3 phase was on 2-9 December 2012 for presentation and discussion on the workfield.
6.2.7	Survey on knowledge, attitude and behavior of medical school fresh graduates in Indonesia for TB control	The Union	54.335	20%	Aug	2013	Preparation and coordination are being carried out for activity to take place in August 2013.
6.2.8	Mentoring the mentor as continuation of advanced ToT	The Union	36.817	100%	Feb	2013	Mentoring the Mentor Course has been conducted on February 25-28, 2013 in Yogyakarta, attended by 15 participants (8 female, 7 male) and 2 observers (1 female, 1 male) from 13 provinces. The course is continuation of the Training-of-Trainers, to provide a high performance group, identified from the original "Training of Trainer" batch to build on the training skills to transition to another level of performing which is "Coaching and mentoring". Coaching and Mentoring will prepare participants to work with others and energizes them to use these skills for implementing TB control programme.
6.2.9	PPM Course (roll over from APA 2)	The Union	55.956	30%	Aug	2013	Preparation and coordination are being carried out for activity conduction in 26-29 August 2013.

6.2.10	Workshop to develop TB module for medical graduates and medical interns	The Union	44.812	80%	Jun	2013	Three workshops has been conducted under this budget line. The 1st workshop was conducted in Yogyakarta, 22 April 2013, attended by 11 participants (6 males and 5 females). The second workshop was conducted in Yogyakarta on 16-17 May 2013, attended by 11 participants (6 males, 5 females). The third workshop (review workshop) was conducted in Jakarta on June 10-11, 2013, attended by 3 representatives from NTP (1 male, 2 females) and representatives (lecturers who coordinating TB topic) from 8 medical school in Indonesia (4 males, 4 females) . On the first day, the workshop was also attended by 6 reviewers (expert in TB and representatives from medical professions organizations; 4 males, 2 females). The result of these workshop series is a final/revised guideline for TB modul development that will be printed and disseminated to medical schools in Indonesia on the final dissemination workshop, planned to be conducted at the end of July 2013.
6.2.11	MDR-TB clinical management course batch 3	The Union	68.540	30%	Sep	2013	Preparation and coordination are being carried out for activity conduction in September 2013. This course was previously planned to be conducted on May 2013. Due to international facilitators availability, the course schedule changed to 9-13 September 2013.
6.2.12	Workshop to establish assessment for Medical Internship and Vignette for Indonesian Medical Doctor Competency Test (UKDI)	The Union	26.411	80%	Sep	2013	The Workshop to Establish Vignettes for Indonesian Medical Doctor Competency Test has been conducted on May 15, 2013 in Yogyakarta, attended by 16 participants (8 males, 8 females). This first workshop resulted in draft for TB competencies assessment that consist of: Multiple Choice Questions for uncomplicated TB, complicated TB/TB-HIV and template for Objective Structured Clinical Examinations (OSCE) station. The draft has then been reviewed and revised on June 10, 2013, resulted in a revised TB competencies assessment.
6.2.13	Staff Capacity Building	KNCV	53.255	0%	Sep	2013	No capacity building activity conducted until the end of Q3
				52%			

7. M&E, OR and Surveillance		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	

7.1.1	Consultant to oversee the SITT (national TB program integrated information system) development, implementation and evaluation	FHI360	33.730	75%	Sep	2013	This quarter, TB CARE I with consultant assisted NTP to communicate with and monitor the progress of Software company to update and fix bugs in the SITT software based on input provided during SITT introduction to provincial staff and NTP's focal point in May 2013.
7.1.2	Training for trainer SITT phase 2	KNCV	21.948	100%	Jun	2013	On May 20-24, 2013 A Workshop on SITT phase 2 was conducted in Bandung, West Java. The workshop funded by GF and TBCARE (cost sharing) was participated by 68 people (33 TB supervisors, NTP and TBCARE partners). The objective of the workshop were to find the fine tune of the application, how to use and identify the bugs. The next step: the further improvement of SITT phase 2 will be disseminated during National M&E meeting in July 2013.
7.1.3	Implementation of SITT phase 2	KNCV	34.778	0%	Jul	2013	Will be conducted in Q4
7.1.4	SITT phase 2 implementation monitoring	KNCV	2.298	0%	Aug	2013	Will be conducted in Q4
7.1.5	Evaluation of SITT phase 2 implementation	FHI360	31.148	0%	Sep	2013	Will be conducted in Q4
7.1.6	SITT manual update	FHI360	10.128	75%	Sep	2013	The SITT manual is in progress. The first edition manual (in softcopy) will be distributed during National TB monitoring and evaluation meeting (2-6 July 2013)
7.1.7	Technical assistance for Pusdatin and NTP regarding information system integration (SITT and SIKDA)	KNCV	47.915	50%	Sep	2013	Following the SITT dashboard development to facilitate data sharing, a few formal and informal meetings to review and work on some issues on map, indicators and analysis tool were conducted during the quarter. NTP agreed to accept the final version of SITT dashboard. TB CARE I is facilitating closer communication with Pusdatin to prepare the system integration. This will be followed up by Nico Kalisvaart's mission in September 2013. According MIFA (Management Information for Action) training delivered by WHO, NTP planned to change the TA of Nico Kalisvaart as Data Management consultant to revise the current M&E plan. Nico will be available on September 2013

7.1.8	Development of plan for integration of SITT into SIKDA in coordination with Pusdatin and related stakeholders	KNCV	1.616	25%	Feb	2013	TB CARE I participated in the meeting conducted by NTP in the identification of integration phase with Pusdatin and other related information system within on March 18-19. SIKDA generic developed by Pusdatin is still on going. SIKDA will be utilized as the main system for TB and other diseases so the data dictionary and SOP is important to integrate different system in MoH. Further discussion with Pusdatin will be conducted to speed up the integration and also as a learning process for PT Teknoglobal as SITT phase 2 developer. Further development of integration will be delivered by Nico Kalisvaart in Q4. According MIFA (Management Information for Action) training delivered by WHO, NTP planned to change the TA of Nico Kalisvaart as Data Management consultant to revise the current M&E plan. Nico will be available on September 2013. The integration of SITT into SIKDA is still in the discussion with Pusdatin during SITT phase 2 meeting as SIKDA is still piloted.
7.1.9	Site visit by TB CARE I M&E Officers to ensure the implementation of TB CARE I planned activities	KNCV	6.981	0%	Sep	2013	This activity originally scheduled to start January 2013. Due to other agenda, this activity will be delayed to Q4.
7.1.10	TB CARE I participation in bi-annual national and TB CARE I M&E meeting	KNCV	98.553	100%	Jul	2013	TB CARE I actively participated in National TB M&E Meetings, January 2013 in Yogyakarta and July 2013 in Nusa Dua. Support and technical assistance on various aspect of the programs such as data validation and evaluation, national and provincial GF SSF activity reprogramming, and provincial health facility data cleaning and compilation.
7.1.11	Local TA to support GF-NTP activities in central, provincial and district levels	KNCV	80.949	75%	Sep	2013	On going day to day activities to support GF NTP activities at central and provincial level. TB CARE participated in the DR sentinel surveillance supervision in Bali on June 3-6, 2013. Supervision was done in 7 sites including Sanglah hospital as the PMDT site, 1 local hospital and 5 health centers. In general, the implementation is on track however the coordination between health centers and Sanglah hospital as the service center and referral lab needs to be strengthened. The Sanglah and BBLK Surabaya in East Java as the DST lab needs more coordination as well to eliminate the gap of lab result sent.
7.1.12	TB CARE I Indonesia fact sheet development	KNCV	1.080	25%	Jun	2013	Due to change in TB CARE I management, the fact sheet template and information from provinces need to be modified. This will be done together by the M&E team in July 2013 (see activity 7.2.1).

7.1.13	Support NTP to validate data in selected provinces	WHO	6.599	100%	Sep	2013	WHO consultant provide TA on provincial data validation during National TB Monev meeting: Yogyakarta (Jan 13) and Bali (July 13).
7.1.14	TA to assure TB CARE supported sites (prisons and health facilities) produce a quality TB/HIV data	FHI360	41.409	75%	Sep	2013	At the national level, TB CARE assisted NTP and NAP in designing the national RR workshop and served as facilitator at the national RR workshop that was held in Jakarta, June 10-12, involving 19 provinces. The aims of this GF-funded workshop were to strengthen participants' capacity to monitor TB-HIV data quality, to improve participants' compliance with reporting deadlines, and to look at and address challenges in the implementation of TB-HIV RR.
7.1.15	Supporting TB/HIV surveillance.	FHI360	64.114	50%	Aug	2013	Discussions regarding the roll out of TB/HIV sentinel survey were held with NTP and NAP. TB CARE will support preparation workshop and training in some provinces. Workshop/training was postponed to next quarter due to conflicting agenda of NTP.
7.1.16	Regular supervision from joint team (TB CARE partners and NTP) to survey sites	WHO	7.015	50%	Sep	2013	The NTPS officially started at 14 April 2013. The regular supervision will be conducted quarterly after the start. First supervision were conducted at the first clusters (Bogor) join with dr Ikushi.
7.1.17	TA to monitor TB prevalence survey	FHI360		Cancelled	May	2013	This activity was not approved by the Mission.
7.1.18	Data management for prevalence survey	WHO	16.950	75%	Sep	2013	The survey officialy started in April 2013. WHO consultant has provide Technical assistance to prepare the data management system, including provide assistance for preparation of the IT systems. The designated full time data management staff for NTPS joined in May 2013.
7.1.19	External TA on prevalence survey for data analysis, writing the results and publication	WHO	64.274	50%	Sep	2013	TA from Dr Ikushi (8-19 Nov) and dr. Babis (19-26 Nov). Main recommendations: 1. Employ a full-time data manager exclusively for the purposes of the survey who will be responsible for the day-to-day activities. There will be 7 labs and 6 teams sending data and data forms to NIHRD during the survey. 2. Develop data management SOPs, based on the table of contents provided. Clearly lay out roles and responsibilities of all team members who handle data and forms, as well as detailed timelines and scheduling of all related activities. 3. A list of all 156 sampled clusters, along with information on geographical location, field team and assigned laboratory should be added as an appendix to the survey protocol. Next step: Dr. Ikushi and Dr. Babis will monitor and provide remote assistant during the survey simulation (March 2013) and will visit the country again at July-August 2013 periods for supervisory and TA purposes.

7.1.20	Consensus meeting for finalization of prevalence survey results.	WHO	20.142	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.21	Publication and distribution of Prevalence survey result	WHO	7.992	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.22	Further data analysis, interpolating the prevalence survey result with Riskesdas result to get more precise data for provincial/district	WHO	11.142	Cancelled	Sep	2013	Cancelled. After NPS field work and data analysis are completed
7.1.23	Support JEMM in 2013	WHO	99.598	100%	Feb	2013	The JEMM was undertaken from 11-22 February 2013. The mission team consisted of 21 international experts joined with 44 experts from country Stop TB partners. The mission took account of progress made by NTP on previous JEMM recommendations, implementation of NTSP and findings during field visits (DKI, Babel, East Java, North Sulawesi and Maluku). The review team noted several major achievements, challenges and developed some major recommendation. The JEMM report were referred by NTP and GF as a basic document for Grant renewal proposal development.
7.1.24	Inter government agencies monitoring and evaluation of KNCV program	KNCV	11.873	20%	Jul	2013	Capacity building on M&E took place in the M&E team coordination meeting conducted 25-27 March 2013 in Jakarta. Topics addressed include developing better project report. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. Two untrained M&E officers will be trained for TB R&R at NTP's TB programmer training in July 2013.
7.1.25	Publication of NTP annual performance report and dissemination	WHO	12.021	0%	Jul	2013	Planned in Q4 before National Mid term monitoring and evaluation meeting.
7.1.26	Translation and transportation support during JEMM 2013 implementation	KNCV	6.308	100%	Mar	2013	TB CARE I contributed to successful Joint External Monitoring Mission (JEMM) including for interpreting and transportation. The team consisted of 21 international experts, 44 experts from the country STOP TB partners, non-governmental organizations, and NTP. The report has been finalized in March 2013 and the recommendations of the report were the basis for the development of the request for renewal of the Global Fund Single Stream Funding (GF SSF).

Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2.1	Improving TB related data management and M&E related capacity of TB CARE M&E staffs at provincial level	KNCV	10.168	75%	Jul	2013	Capacity building for M&E team members was conducted in 25-27 March 2013 in Jakarta and 1-2 July 2013 in Nusa Dua. Topics addressed include developing better project report, standards and benchmarks, revised definitions and reporting framework, RDQA. At the meeting, strategies for better M&E in APA3 were also discussed and agreed. Next meeting will take place July 2013. An M&E officers (male) was trained for TB R&R at NTP's TB programmer training in July 2013 for 3 weeks in West Java. In July 2013, all 6 KNCV M&E team members were trained for data analysis using STATA for 2 days in Nusa Dua. Next capacity building topic will be TB-HIV collaboration R&R, due September 2013.
7.2.2	National ToT for MIFA Training	WHO	45.571	100%	Dec	2012	The training was conducted 16-22 December at Wisma Hijau, Depok. 29 participants (18 females & 11 males) and 4 facilitators (3 males & 1 females) were joined with this ToT. Participants came from NTP ME team, BPSDM, National TB master trainers, Provincial Wasors (East Java, Yogyakarta, DKI, Riau island, Central Kalimantan, NTB, NTT, North Maluku, North Sumatera) and epidemiologist from PAEI (Indonesian Epidemiologist Association). Objective: Participants are able to facilitate the next MIFA training at provincial level. Results: 21 facilitators for MIFA are available. Next steps: Further training for MIFA training will be funded by GF, NTP has included the MIFA training at provincial level in the GF reprogramming activities. The provincial training will be started after reprogramming approval.
7.2.3	Preparing Data Management Team (DMT) for further improvement of SITT	KNCV	7.210	0%	Jul	2013	This activity has been cancelled by NTP. Nico Kalisvaart as the consultant will be expected to revise the current NTP M&E plan.
7.2.4	Training on data management to wasors and provincial data and information staff	KNCV	32.731	0%	Jun	2013	This activity has been cancelled by NTP. Nico Kalisvaart as the consultant will be expected to revise the current NTP M&E plan.
7.2.5	TA for Sentinel surveillance data analysis and reporting	WHO	11.142	0%	Sep	2013	Still on discussion with NTP and dr Matteo Zignol to decide the timeline. However intense communication and remote TA has provided by dr Matteo for sentinel data analysis.

7.2.6	Workshop to expand the MDR TB Sentinel Surveillance in line with the PMDT expansion.	WHO	7.722	0%	Sep	2013	Activity will commence August 2013
7.2.7	Technical assistance from WHO Country Office	WHO	20.385	75%	Sep	2013	TAs have been provided for training eTB Manager in Medan (8-10 Dec '12), training for lab involving in prevalence survey at Adam Malik Lab Hospital (25-27 Mar '13), training for prevalence survey field team (18-21 Mar '13), field test NTPS (Bekasi, 25-28 Mar '13), evaluating the implementation of the pilot MDR TB sentinel surveillance (Jombang and Mojokerto Malang, 22-25 Oct '12), DR TB Sentinel Surveillance Monitoring & Evaluation, assisting Dr Matteo Zignol in DR TB Sentinel Surveillance expansion, the finalization of preliminary report of East Java DRS Survey.
Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3.1	Support coordination meeting for TORG to oversee the completion of the research and implementation of OR work plan	KNCV	16.840	25%	Sep	2013	Pleno meeting conducted in 28 May 2013 with main agenda on: progress on OR batch 7-8, preparation for UNION conference (24 abstract has been submitted) and also preparation on call for proposal (incl. support from international TA: Edine T).
7.3.2	Support participation of NTP in international TB conferences	KNCV	43.069	80%	Sep	2013	There is no activity for participation in International conference this quarter. However, TB CARE I supported 25 participants (9 males, 14 females) to attend the 43rd International Conference on Lung Health, November 2012. Participants included TORG members and Provincial Health Office staff. Each participant attended and followed the sessions in the conference according to their technical areas and interest.
7.3.3	International TA to introduce a competitive system for quality research	KNCV	40.671	0%	Sep	2013	Not yet started, planned to conduct in Q4 due to available time of international consultant.
7.3.4	Call for two proposals for priority topics based on NTP priority 2 proposal through merit review (1 :Sentinel survey to asses patient and provider delay)	KNCV	1.276	0%	Jul	2013	Not yet started, planned to conduct in Q4.

7.3.5	Workshop for analysis the result of Operational Research conducted by Batch 7, 8 & 9	KNCV	21.429	100%	Mar	2013	Workshop held in Bogor from 26 February to 7 March, followed by 4 groups of batch 8 (10 males, 17 females). From this workshop, it is known that research on ACSM and TB MDR will finish their report May at the latest, while research on TB HIV will finish by June and research TB childhood will needs more extension until October 2013.
7.3.6	Supervisory visits to ensure the OR implementation by batch 7, 8 & 9	KNCV	11.041	75%	Sep	2013	There is no supervisory visit conducted this quarter.
7.3.7	OR result dissemination of batch 7, 8 & 9	KNCV	10.940	0%	Sep	2013	Will be conduct as soon as batch 7-8 finished in Q4. However, for TB in childhood will be done with batch 9.
7.3.8	Implementation of Operational Research proposed by batch 9	KNCV	136.387	25%	Sep	2013	For batch 7-8, 2 out of 5 teams have finished their research (ACSM and TB MDR) , TB HIV will submit their report in July and TB childhood will submit their final report on September 2013. OR on PPM (using PCP/credit points to increase involvement of Private practitioner in TB program) is on the data entry proses. 724 GP in Denpasar were expected to involved in the research, however only 280 questioners were returned. first supervision conducted in 7-9 June 2013. For batch 9, 3 proposals out of 4 from Riau, Central Sulawesi and West Kalimantan are endorsed by TORG. Proposal from North Maluku is still under revision. Finalization and contract for the team will be prepared in Q4.
				46%			

8. Drug supply and		Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Activity #	Activity				Month	Year	
8.1.1	Develop, agree and document, national strategy; also, implementation plan	MSH	84.952	75%	Jun	2013	Dr Smine provided consultancy on provincial and district QA up to Feb 2013; final strategy draft ready, Feb 2013 Translation completed and now due official endorsement and printing. Follow-on QA work now incorporated into ongoing development of a national drug strategy.
8.1.2	Identify, review, consult, agree and update all existing guidelines, SOP and training modules. Design ToT curriculum and conduct the training for NTP central level staff and partners	KNCV	23.437	70%	Jun	2013	Logistic Guideline on TB has been finalized on Q2 and the related SOP was expected to be revised accordingly, however due to other NTP's priority agenda, the revision on SOP was postponed. For logistic training module, revision has been conducted for module on logistic for PMDT (SLD and other logistic such as cartridges and respirators).

8.1.3	Printing and distribution Guideline, SOP to all provinces and districts	KNCV	15.318	Cancelled		2013	Printing on Logistics Guidelines is postponed and should wait until the National TB Guideline finalized. This activity will be carried forward to APA 4.
8.1.4	Technical Assistance from WHO Country Office	WHO	2.039	75%	Sep	2013	TA has been provided during finalization/update of national guidelines for logistic and drug management and will continue until end of period. However, several request from NTP to provide TA during logistic training to the provinces could not be fulfilled because of overlapping schedule with other priority activities.
8.1.5	Training logistics about new guidelines and SOP for SLD	KNCV	31.050	25%	Sept	2013	On the job training was conducted in North Sumatra (10-12 October 2012, participated by pharmacists from Adam Malik Hospital, PHO and Medan DHO, 2 males, 11 females), South Sulawesi (5-7 November 2012, participated by pharmacists from Labuang Baji Hospital, PHO and Medan DHO, 7 males, 6 females). The purpose of this activity was to give knowledge on managing second line TB drug: recording and reporting system warehousing, drug dispensation to patient and drug order mechanism. Methods used were andragogy learning with presentation, exercises and discussion. Training for next sites are waiting for PMDT expansion.
8.1.6	Procurement of refrigerator and drug patient box.	KNCV	10.850	80%	July	2013	Refrigerator, AC and patient box has been procured for Adam Malik, Soetomo, Persahabatan, Labuang Baji, Saiful Anwar, Hasan Sadikin, Sardjito, and Moewardi Hospital in Q2. The procurement was done to cover 6-9 months need in the hospitals. Budget is being spared for additional request from the hospitals until the end of APA3 period.
8.1.7	Assess and document issues arising, plus related systems development plans. Develop performance improvement action plan; agree & implement	MSH	12.285	50%	Sep	2013	Field information-gathering on performance ongoing during TB CARE provincial warehouse assessment. Final report and recommendations arising from TB CARE provinces due May 2013.
8.1.8	Actively participate in People that Deliver initiative addressing cross-cutting issues	MSH	13.604	50%	Sep	2013	Various formal and informal participation, including outreach for QA initiative & cross-cutting HSS pilot logistics project proposal development. HSS reprogramming project proposal is expected to be submitted April 2013. Provincial/district supply chain 'best practice' pilot will commence Q3 2013.

8.1.9	Support for ToT	KNCV	8.263	75%	Sep	2013	This activity is based on NTP request. In Q1, TB CARE I provided TA as facilitator for logistic ToT at West Papua. This activity was conducted on 3-10 November 2012, participated by District TB program staffs and Installation Pharmacy Staffs (3 males, 12 females). This quarter, TA provided was for logistics part of GF SSF phase finalization.
8.1.10	In collaboration with WHO, JSI, Clinton Foundation to organize three meetings (part-funding) involving provincial logistics personnel to assess TB storage at provincial level and implement a performance improvement program at the TB CARE supported provinces	MSH	48.441	75%	Sep	2013	PtD meeting cancelled in January 2013. Next meeting conducted April 2013, including one day focusing on TB (24th April 2013), in conjunction with JSI. Full evaluation report produced and continuity with next planned meeting (July 2013) envisioned. MSH also supported the participation of representatives from each of the TBCARE provinces to attend an emergency session in April 2013, organized to address pressing PUDR PSM issues.
8.1.11	Assess long-term options for TB drugs storage and make appropriate recommendations to the NTP	MSH	4.560	50%	Jul	2013	Storage strategizing addressed, in part, by JEMM (Feb 2013) and GF renewal proposal April 2013). Next stage, review in light of progress on the JSI central level refurbishment plan and agree revised strategy for TB drugs, particularly SLD, following the expiry of the current third-party lease in July 2013.

63%

Quarterly MDR-TB Report

Country	Indonesia
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Period	April - June 2013
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MDR TB cases diagnosed and put on treatment in country

Period	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments
2009	67	19	Data included those diagnosed with GeneXpert machines. Jan-Mar 2013 data source: e-TB manager. Seven MDR cases treated in Papua not yet included.
2010	185	140	
2011	410	255	
Jan-Mar 2012	126	72	
Apr-Jun 2012	183	125	
Jul-Sep 2012	152	106	
Oct-Dec 2012	149	135	
Total 2012	610	438	
Jan-Mar 2013	180	195	
Apr-Jun 2013	202	240	
Total	1654	1287	

5. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	MSH	8.1.1	Abdelkarim Smine	To support the quality assurance of TB medicines in Indonesia	8 - 19 Oct 2012	Completed	8 - 19 Oct 2012	
2	MSH	6.1.3	David Collins	Attendance at Beijing conference, work on TB financing roadmap and meetings with Global Fund team in Jakarta	27 Oct - 13 Nov 2012	Completed	27 Oct - 13 Nov 2012	
3	KNCV	2.2.8	Sanne Van Kampen	Provide support to the TORG with GeneXpert data collection, analysis and reporting, and agree on next steps in GeneXpert roll-out	22 Oct - 10 Nov 2012	Completed	22 Oct - 10 Nov 2012	
4	KNCV	S&O	Inge Sasburg	Will concentrate and give attention to capacity building of local financial staff. This is will based on the result from internal audit and open topics on current reporting to the Head Office. In this opportunity as well,	31 Oct - 2 Nov 2012	Completed	31 Oct - 2 Nov 2012	
5	KNCV	S&O	Maarten Van Cleeff (KNCV/PMU) and Joke Langbroek (KNCV) and	Report advising on next steps for improved structure to secure better implementation of TB CARE	5 - 10 Nov 2012	Completed	5 - 10 Nov 2012	
6	KNCV	S&O	Dr. Jan Voskens	1. Provide input USAID/KNCV in reviewing TB CARE implementation in Indonesia 2. Participate in the PDPI/ATS meeting to expand PPM 3. Participate in preparation for GF pre-assessment for grant renewal SSF 4. Participate in the PPM toolkit in Kuala Lumpur 5. Participate in The Union Conference, Kuala Lumpur	3 - 9 Nov 2012	Completed	3 - 9 Nov 2012	
7	WHO	7.1.19	Dr. Ikushi Onozaki	Initiation of national prevalence survey 2013	8 - 19 Nov 2012	Completed	8 - 14 Nov 2012	Mission period is
8	WHO	6.2.2	Karin Bergstorm	The final document of the PMDT OJT for satellite health services	19 - 30 Nov 2012	Completed	19 - 30 Nov 2012	
9	WHO	7.1.19	Charalampos Sismanidis	Initiation of national prevalence survey 2013	18 - 27 Nov 2012	Completed	18 - 27 Nov 2012	
10	KNCV	S&O	Dr. Jan Voskens	1. Assist NTP in capacity building through implementation of phase 2 of the 6th Advanced Course for DOTS Expansion 2. Assist UGM in implementation core project for scaling up TB Control in the prison system 3. Assist NTP in any issues arising regarding implementation of GFATM SSF	29 Nov - 18 Dec 2012	Completed	29 Nov - 18 Dec 2012	

11	MSH	4.1.40 , 4.1.41	Luiz Reciolino	Provide TA to the e-TBM implementation process at all levels central (NTP) and health unit levels and provide technical support for	17 - 21 Dec 2012	Completed	17 - 21 Dec 2012	
12	MSH	6.1.4	David Collins	Update TB exit strategy road map and produce an outline of drugs	7 - 27 Jan 2012	Completed	27 Jan 2013	
13	KNCV	S&O	Jan Voskens	1. In collaborating with UGM assist CCM for development of the proposal request for SSF phase 2 grant renewal 2. Assist NTP in the process of updating the current National Strategic Plan for period 2014 - 2016 3. Assist NTP in providing required documents for the proposal of SSF phase 2	11 Jan - 24 Mar 2013	Completed	24 Mar 2013	
14	JATA	2.1.1, 2.1.2, 2.1.3, 2.1.4	Akira Shimouchi	discussion overall implementation plan of APA 3	13 - 19 Jan 2013	Completed	19 Jan 2013	
15	KNCV	S&O	Piet Van Ommersen	1. Develop/finalize the organogram for TB CARE team with the team and get internalized 2. Establish operations of work, in relations with other, rules of engagement between USAID, NTP and partners, also TB CARE Indonesia manual 3. Define roles and responsibilities internally in KNCV Indonesia	23 Jan - 6 Mar 2013	Completed	6 Mar 2013	
16	MSH	8.1.1	Abdelkarim Smine	Produce a set of standard operating procedures addressing TB quality assurance at all levels in Indonesia, also produce a report detailing the progress of the TB quality assurance activities	3 - 8 Feb 2013	Completed	8 Feb 2013	
17	The Union	6.2.8	Indu Rao & Viswanath Gopalakrishnan	Mentoring the mentor course, as continuation of advanced TOT	24 - 29 Feb 2013	Completed	29 Feb 2013	
18	KNCV	S&O	Fenneke Pak	Finalise APA 3 workplan in line with approved narrative and support the TB CARE I project where necessary	9 - 28 Feb 2013	Completed	28 Feb 2013	
19	ATS	1.2.36	Philip Hopewell, Fran Du Melle, Baby Dionegoro	1. Monitoring and evaluation ATS PDPI PPM Project within TB CARE I 2. PIPKRA Annual Conference 3. JEMM 2013	5 - 19 Feb 2013	Completed	19 Feb 2013	
20	KNCV	S&O	Peter Gondrie	Follow up mission done by KNCV/PMU/USAID	17 - 23 Feb 2013	Completed	23 Feb 2013	
21	KNCV	2.2.6	Richard Lumb	Provide technical assistance on strengthening of the TB laboratory network and quality assurance in relation to implementation of the TB CARE I work plan	25 Feb - 15 Mar 2013	Completed	15 Mar 2013	

22	KNCV	2.2.8	Sanne Van Kampen	1. Support collection & Analysis of evidence on impact of Xpert MTB/RIF 2. Support supervision of newly installed Xpert MTB/RIF devices 3. Build capacity of KNCV office staff to supervise Xpert MTB/RIF roll-out	18 Mar - 6 Apr 2013	Completed	6 April 2013	
23	MSH	6.1.4	David Collins	1. Review, modify and update the TB services costing model and the TB economic burden model 2. Review and prepare report for OR conducted by the MSH Indonesia team on the financing of TB services through Universal Health Services (UHC) 3. Help prepare, organise and lead an international workshop on financing ATM services under Universal Health Coverage under the Director General for Communicable Disease Control	1 - 26 Apr 2013	Completed	26 April 2013	
24	KNCV	HQ	Gerdy Schippers	1. Support interim management of KNCV office (Jhon Sugiharto) in view of the newly appointed Country Director starting 15th April (Jan Voskens) and long term absence Deputy Director (Linda North) 2. Building on the situational reports and recommendations of Joke Langbroeks's/Maarten Van Cleef's mission in Nov 2012 and Piet Ommerson's assignment in 2013 3. Give guidance to the introductory period of the new country Director, setting the stage for a smooth transition from a position as senior consultant to the management	4 - 18 April 2013	Completed	18 April 2013	
25	KNCV	HQ	Lucian Roeters	1. Discuss relevant financial issues and developments with internal finance and admin staff 2. Review current accounting 3. Check internal financial control procedures/internal audit based on confrontation with the Field Office Manual (finance)	9 - 11 April 2013	Cancelled		
27	KNCV	2.2.6	Richard Lumb	1. Implementation of TB CARE activities (strengthening of TB lab and introducing Sandeep Meharwal, a lab consultant to lab key person) 2. Monitoring progress of the forthcoming National Prevalence Survey 3. Monitoring progress in Microbiology UI	15 - 19 April 2013	Completed	19 April 2013	

28	MSH	4.1.40	Luiz Reciolino	1. Follow up on the TB/DR-TB surveillance issues. 2. Provide technical assistance to the e-TBM implementation process. 3. Provide technical support for 2nd	5 - 11 May 2013	Completed	11 May 2013	
29	JATA	2.1.1, 2.1.2, 2.1.3, 2.1.4	Akihiro Ohkado & Mr. Kazuhiro Uchimura	Discussion overall implementation plan of APA 3 & Introduction of computerized system on EQA.	21 - 25 May 2013	Completed	25 May 2013	
31	KNCV	2.2.6	Richard Lumb	1. Implementation of TB CARE activities (strengthening of TB Lab). 2. Assessment to BLK Padang, BLK Samarinda, Microbiology UI and BLK Bandung for preparation of TB Lab renovation. 3. Intensive culture/DST training for BBLK Palembang and BLK Banjarmasin. 4. Assessment to M. Jamil Hospital in Padang and Sanglah Hospital in Bali to review culture/DST activities and needs to support PMDT expansion. 5. Monitoring progress of EQA East Java and National TB Prevalence	3 - 26 June 2013	Completed	28 June 2013	Extend to be able to attend workshop planning APA4
32	MSH		Andy Barraclough	1. Participate in the preparation of joint JSI - MSH multi - year, logistics drug management strategic plan. 2. Design phase, together with NTP and other partners.	10 - 14 June 2013	Completed	14 June 2013	
36	MSH	6.1.5	David Collins	1. Completed TB Service Delivery Cost Tool and Indonesia model and report. 2. Completed TB Economic burden Tool and Indonesia and report. 3. Completed trip and OR study report	26 June - 21 July 2013	Ongoing		
37	ATS		Baby Djojonegoro	1. Attend the APA 4 Planning Workshop (27-28 June 2013). 2. Attend the National TB Program Monitoring & Evaluation Meeting in Bali 2-6 July 2013. 3. Determine next steps for ATS technical assistance for PPM activities	27 June - 8 July 2013	Ongoing		
Total number of visits conducted (cumulative for fiscal year)						29		
Total number of visits planned in workplan						37		
Percent of planned international consultant visits conducted						78%		

Quarterly Photos, Charts and Other Materials



Workshop to review TB module and competencies assessment for medical



Workshop to establish vignettes for Indonesian medical doctor competency test



Workshop to develop TB module for medical graduates and medical interns



Continous assistance and advocacy from TB CARE I resulted in commitment of Lowokwaru Prison to assign specific rooms to care for MDR (left) and TB patients (right)



On the job training for PMDT satellite
prison Syaiful Anwar hospital, 10-11 April



Peer educator training June 2013



Technical area group discussion in TB
CARE I APA4 planning workshop in June



Introducing Patients' Charter for patients and health care workers

Quarterly Report on Global Fund Engagement

Country	Indonesia	Period	April - June 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
SSF TB	A1	A1	\$ 71.3 m	\$ 24.2 m
Round 8 TB	A1	A1	\$ 72.3 m	\$ 10.5 m
Round 8 TB	A1	A1	\$ 72.3 m	\$ 12.1 m
Round 8 TB	A1	A2	\$ 72.3 m	\$ 10.8 m
Round 5 TB	A2	B1	\$ 41.7 m	\$ 41.7 m
Round 1 TB	n/a	n/a	\$ 51.8 m	\$ 51.8 m

*Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks
<p>The rating of Global Fund SSF phase 1 for PR-MOH has decreased from A2 to B2 over the last year. This is mainly due to under achievement for targets on PMDT and TB-HIV, low absorption and other issues related to financial management, PSM and M&E.</p> <p>So far, achievements of PR-MOH are in line with the low budget absorption. Delays in implementation of the NPS, low numbers of MDR-TB patients enrolled on PMDT and delays in disbursements contributed to the low absorption of GF funding. PR-MOH, with support from partners, is now addressing all challenges related to low absorption and tackling the risks for financial management, procurement and surveillance that are outlined in 13 Conditions Precedent recently communicated by GF Country Team.</p> <p>During this quarter, the CCM Indonesia request for phase 2 SSF was finalized and submitted to the GF secretariat with full support from TB CARE I consultants and UGM team. Phase 2 of SSF proposal was recently approved by Global Fund Advisory Committee (GAC) on June 26th, 2013. The TB grants for phase 2 were recommended as a "GO" with certain conditions to be negotiated that may affect the final grant amounts, the Global Fund Advisory Committee recommended that 100% of the available Phase 2 ceiling for TB was approved.</p> <p>Preparations for grant negotiations are in process and will be finalized in September 2013. So far achievements of PR-MOH are in line with the low budget absorption. Delays in implementation of the NPS, low numbers of MDR-TB patients enrolled on PMDT and delays in disbursements contributed to the low absorption of GF funding.</p>
TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan
<p>TB CARE I fully supports the PR of MOH to meet the targets outlined in the GF performance framework and assists in solving the bottlenecks in program management to help improve the low rating of PR-MoH. Repeated low rating of PR MOH in Global Fund might ultimately result in serious budget cuts, leading to funding gaps and certainly jeopardizing the outcomes and impact of TB CARE I. To this end TBCARE1 in APA4 will assist to address major issues identified in Risk assessment and JEMM.</p>

Consequently the proposed interventions for the APA4 work plan are mainly based on the strategic directions provided by the SSF Phase 2 log frame, and directed at assisting the NTP in implementation of these approaches, in order to achieve the targets in all technical and geographic areas supported by TB CARE I.

The proposed APA4 TB Care work plan is fully complementary to the GF SSF work plan:

TB CARE will work to ensure that technical assistance is targeted at solving bottlenecks in implementation of the SSF Grant by the following interventions:

- Assist in enhancing TB case notification (to close the gap in unreached populations) and reach the targets for PMDT and TB-HIV (that recently have been increased substantially)
- addressing the recommendations made by JEMM 2013 that have been translated into adjusted interventions and program strategies for Phase 2
- supporting NTP in implementing these adjusted strategies that are outlined in the logframe annexed to the approved GF phase 2 SSF work plan.
- providing support to PRs at national, and SRs at sub-national level in monitoring and implementation of the SSF work plan, with focus on 10 TBCARE priority provinces, and, if needed, assist PRs in grant management and PSM issues (including storage upgrades, strengthened logistics management, and quality assurance of TB drugs).

TB CARE I will provide technical support to NTP to address major issues identified in Risk assessment by GF and JEMM 2013, related to increase case notification for closing the gap in unreached population, expansion of referral networks through PPM, preparation of new PMDT sites, roll out of Xpert and scale up of collaborative TB-HIV activities including IPT. TB CARE will also provide support to NTP to address managerial risks, financial management, PSM and condition precedents from GF (See section E)

Consequently the proposed interventions for this APA4 work plan are mainly based on the strategic directions provided by the SSF Phase 2 log frame, and directed at assisting the NTP in implementation of these approaches, in order to achieve the targets in all technical and geographic areas supported by TBCARE.

Inventory List of Equipment - TB CARE I

Organization:		TB CARE I
Country:		Indonesia
Reporting		April - June 2013
Year:		APA 3

Description (1)		ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Server KNCV RO New	HP Proliant ML330G6		15-apr-11	Rp 13.500.000		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707548	12-jul-11	\$ 18.898		Microbiology FK-UI	Good			
GeneXpert IV	GXIV-4N1-6	707990	12-jul-11	\$ 18.898		Hasan Sadikin Hospital	Good			
GeneXpert IV	GXIV-4N1-6	707985	12-jul-11	\$ 18.898		Persahabatan Hospital	Good			
GeneXpert IV	GXIV-4N1-6	707835	12-jul-11	\$ 18.898		Soetomo Hospital	Good			
GeneXpert IV	GXIV-4N1-6	707989	12-jul-11	\$ 18.898		Moewardi Hospital	Good			
GeneXpert IV	GXIV-4N1-6	707553	12-jul-11	\$ 18.898		BLK Bandung	Good			
GeneXpert IV	GXIV-4N1-6	707547	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707554	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707556	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707557	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707979A	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707980A	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707981A	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707986A	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N1-6	707987A	12-jul-11	\$ 18.898		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N3-6	707840	12-jul-11	\$ 19.398		KNCV Indonesia	Good			
GeneXpert IV	GXIV-4N3-6	707838	12-jul-11	\$ 19.398		KNCV Indonesia	Good			
PC HP Presario CQ3622L			22-jul-11	Rp 4.800.000		BPPM	Good			
Printer All in One	Printer HP Photosmart B110	CNOBP3H0LV	21-jul-11	Rp 1.075.000		BPPM	Good			
FAX	Cannon JX210P	S/N: ABLT038389	21-jul-11	Rp 1.000.000		BPPM	Good			
Laptop	HP Probook U 230S	CNU124354R	11-okt-11	\$ 930		KNCV Indonesia	Good			
Laptop	HP Probook U 230S	CNU12434VF	11-okt-11	\$ 930		KNCV Indonesia	Good			
Laptop	HP Probook U 230S	CNU12438Z5	11-okt-11	\$ 930		KNCV Indonesia	Good			

External HD	Seagate 500 GB	2GHWRL75				KNCV Indonesia	Good			
Modem Fax CDMA External + Flexi Card	Huawei FWT ETS1201	S96RAF17C231 7212	4-nov-11	Rp 2.450.000		KNCV Indonesia	Good			
License Software	Kaspersky IS 2011 - 3 User	H5Z9K-1NW1F- 1QJXG-BY81F				KNCV Indonesia	Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0874	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0757	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0720	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0863	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0725	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0722	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD1001 0759	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9048	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9066	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9050	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9051	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9053	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9059	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9055	30-sep-11	\$ 528			Good			

UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9058	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9052	30-sep-11	\$ 528			Good			
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD1001 9062	30-sep-11	\$ 528			Good			
Stavol	Stavol Matsunaga SVC- 1000F	B0908090					Good			
Stavol	Stavol Matsunaga SVC- 1000F	B1004141					Good			
Stavol	Stavol Matsunaga SVC- 1000F	B0908055					Good			
Stavol	Stavol Matsunaga SVC- 1000F	B0908015					Good			
Stavol	Stavol Matsunaga SVC- 1000F	B0908087					Good			
Modem Fax CDMA External + Flexi Card (021) 70804827	EvaFax	none					Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048964 318	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048926 312	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048979 319	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS049176 315	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048913 31B	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS049010 31B	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048940 31D	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048987 310	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS049009 319	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048952 314	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048983 31C	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048961 31B	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048965 316	16-mrt-12	Rp 8.390.400		KNCV RO	Good			

Notebook	ASUS U46SV-WX039D	B8N0AS048917 314	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048942 317	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048924 318	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS049007 316	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS049190 316	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048962 311	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048958 31A	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048932 310	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048971 317	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048927 312	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048968 31B	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048914 318	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048923 31C	16-mrt-12	Rp 8.390.400		KNCV RO	Good			
Notebook	ASUS U46SV-WX039D	B8N0AS048949 31B	16-mrt-12	Rp 8.390.400		KNCV Indonesia	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1- 039-001	jan 1, 11			Moewardi Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1- 039-002	jan 1, 11			Moewardi Hospital	Good			
Lemari Obat (Kaca) Kecil		KNCV/SRKT/3- 020-001	2 March 2011	Rp 295.000		PMDT Office, Moewardi Hospital	Good			
Refrigerator (Sputum)		KNCV/SRKT/3- 029-001	27 March 2011	Rp 1.100.000		PMDT Office, Moewardi Hospital	Good			
Filling Cabinet		KNCV/SRKT/0- 017-001	27 March 2011	Rp 1.900.000		PMDT Office, Moewardi Hospital	Good			
Office Desk (1)		KNCV/SRKT/0- 004-001	27 March 2011	Rp 483.000		PMDT Office, Moewardi Hospital	Good			
Office Desk (2)		KNCV/SRKT/0- 004-002	27 March 2011	Rp 483.000		PMDT Office, Moewardi Hospital	Good			
Computer Desk		KNCV/SRKT/0- 004-003	27 March 2011	Rp 391.000		PMDT Office, Moewardi Hospital	Good			
Chair ERGO (1)		KNCV/SRKT/0- 011-001	27 March 2011	Rp 860.000		PMDT Office, Moewardi Hospital	Good			

Chair ERGO (2)		KNCV/SRKT/0-011-002	27 March 2011	Rp 860.000		PMDT Office, Moewardi Hospital	Good			
Telephone & Fax Machine		KNCV/SRKT/2-054-001	27 March 2011	Rp 1.350.000		PMDT Office, Moewardi Hospital	Good			
Printer		KNCV/SRKT/1-038-001	24 March 2011	Rp 809.000		PMDT Office, Moewardi Hospital	Good			
MP-3 Player (Hypnotherapy)		KNCV/SRKT/3-031-001	24 March 2011	Rp 200.000		PMDT Office, Moewardi Hospital	Good			
Head Set (Hypnotherapy)		KNCV/SRKT/3-031-002	25 March 2011	Rp 75.000		PMDT Office, Moewardi Hospital	Good			
Desk		KNCV/SRKT/0-004-004	4 April 2011	Rp 306.000		PMDT Office, Moewardi Hospital	Good			
Office chair		KNCV/SRKT/0-011-003	4 April 2011	Rp 185.000		PMDT Office, Moewardi Hospital	Good			
Office chair		KNCV/SRKT/0-011-004	4 April 2011	Rp 185.000		PMDT Office, Moewardi Hospital	Good			
Fan		KNCV/SRKT/1-022-001	7 April 2011	Rp 270.000		PMDT Office, Moewardi Hospital	Good			
Bed		KNCV/SRKT/3-115-001	19 April 2011	Rp 1.400.000		PMDT Office, Moewardi Hospital	Good			
Filling Cabinet		KNCV/SRKT/0-017-002	9 May 2011	Rp 1.900.000		PMDT Office, Moewardi Hospital	Good			
Filling Cabinet		KNCV/SRKT/0-017-002	9 May 2011	Rp 1.900.000		PMDT Office, Moewardi Hospital	Good			
White board		KNCV/SRKT/1-025-001	9 May 2011	Rp 875.000		PMDT Office, Moewardi Hospital	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-005	4 April 2011	Rp 483.000		Banyuanyar Health Unit	Good			
Office chair		KNCV/SRKT/0-011-005	4 April 2011	Rp 185.000		Banyuanyar Health Unit	Good			
Office chair		KNCV/SRKT/0-011-006	4 April 2011	Rp 185.000		Banyuanyar Health Unit	Good			
Fan		KNCV/SRKT/1-022-002	7 April 2011	Rp 270.000		Banyuanyar Health Unit	Good			
Bed		KNCV/SRKT/3-115-002	19 April 2011	Rp 1.400.000		Banyuanyar Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-006	4 April 2011	Rp 483.000		Pajang Health Unit	Good			
Office chair		KNCV/SRKT/0-011-006	4 April 2011	Rp 185.000		Pajang Health Unit	Good			
Office chair		KNCV/SRKT/0-011-007	4 April 2011	Rp 185.000		Pajang Health Unit	Good			
Fan		KNCV/SRKT/1-022-003	7 April 2011	Rp 270.000		Pajang Health Unit	Good			
Bed		KNCV/SRKT/3-115-003	19 April 2011	Rp 1.400.000		Pajang Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-007	4 April 2011	Rp 483.000		Sibela Health Unit	Good			

Office chair		KNCV/SRKT/0-011-007	4 April 2011	Rp 185.000		Sibela Health Unit	Good			
Office chair		KNCV/SRKT/0-011-008	4 April 2011	Rp 185.000		Sibela Health Unit	Good			
Fan		KNCV/SRKT/1-022-004	7 April 2011	Rp 270.000		Sibela Health Unit	Good			
Bed		KNCV/SRKT/3-115-004	19 April 2011	Rp 1.400.000		Sibela Health Unit	Good			
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-008	4 April 2011	Rp 483.000		BBKPM Surakarta	Good			
Office chair		KNCV/SRKT/0-011-008	4 April 2011	Rp 185.000		BBKPM Surakarta	Good			
Office chair		KNCV/SRKT/0-011-009	4 April 2011	Rp 185.000		BBKPM Surakarta	Good			
Fan		KNCV/SRKT/1-022-005	7 April 2011	Rp 270.000		BBKPM Surakarta	Good			
Bed		KNCV/SRKT/3-115-005	19 April 2011	Rp 1.400.000		BBKPM Surakarta	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KK	jan 1, 11	\$ 681		Syaiful Anwar Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KP	jan 1, 11	\$ 681		Syaiful Anwar Hospital	Good			
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200L6	jan 1, 11	\$ 645		Malang District Health Office	Good			
PC HP Pressario CQ 4168L + Modem Hwawei	CNX 02200BW	KNCV/SMRG/1-039-004	jan 1, 11	\$ 645		Central Java Province Health Office	Good			
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1-039-003	jan 1, 11	\$ 681		Surabaya District Health Office	Good			
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1-039-003	jan 1, 11	\$ 681		Surakarta District Health Office				
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
GenoType MTBDR Plus		Cat. No.30496	25-mrt-11	SGD 183,77		Microbiology FK-UI	Good			
LCD Projectors		AZWJ10300327	28-mrt-11	US\$ 1,650	N/A	FHI Indonesia	Good			
LCD Projectors		AZWJ10300348	28-mrt-11	US\$ 1,650	N/A	FHI Indonesia	Good			